

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

*In re*

Boy Scouts of America and Delaware  
BSA, LLC,<sup>1</sup>  
Debtors.

National Union Fire Insurance Co. of  
Pittsburgh, PA, *et al.*,  
Appellants.  
v.  
Boy Scouts of America and Delaware  
BSA, LLC, *et al.*,  
Appellees.

Chapter 11

Bankruptcy Case No. 20-10343  
(LSS) (Jointly Administered)

Lead Case No. 22-cv-01237-RGA

Consolidated Case Nos.  
22-cv-01238-RGA;  
22-cv-01239-RGA;  
22-cv-01240-RGA;  
22-cv-01241-RGA;  
22-cv-01242-RGA;  
22-cv-01243-RGA;  
22-cv-01244-RGA;  
22-cv-01245-RGA;  
22-cv-01246-RGA;  
22-cv-01247-RGA;  
22-cv-01249-RGA;  
22-cv-01250-RGA;  
22-cv-01251-RGA;  
22-cv-01252-RGA;  
22-cv-01258-RGA;  
22-cv-01263-RGA

**DEBTORS-APPELLEES' APPENDIX TO CONSOLIDATED ANSWERING  
BRIEF: VOLUME 14 (SA 3317 THROUGH SA 3521)**

Dated: December 7, 2022

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<sup>1</sup> The Debtors, together with the last four digits of each Debtor's federal tax identification number, are as follows: Boy Scouts of America (6300); and Delaware BSA, LLC (4311). The Debtors' mailing address is 1325 West Walnut Hill Lane, Irving, Texas 75038.

**WHITE & CASE LLP**

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*Counsel for Debtors-Appellees and Debtors in Possession*

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<sup>2</sup> The following documents cannot be filed on the Court's docket due to their size or file format. The Appellees will make these documents available to the Court and the parties. For purposes of citing these documents in the Debtors-Appellees' Consolidated Answering Brief, the Appellees have assigned these documents appendix page numbers in accordance with the "SA\_\_\_\_" convention.

Wilson Allen  
25 - 0780

This endorsement forms a part of Policy No. **10 CA 43303**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1-1-72**

Named Insured and Address

Boy Scouts of America  
Route # 1  
North Brunswick, N.J.

Effective hour is the same as stated in the Declarations of Policy.

In consideration of the additional premium of \$2,718.20 it is agreed that the policy is extended to provide coverage for councils in accordance with Report No. 1 which is for the period January 1 to January 15, 1972.

B1 190.  
PS 815.

**ADDITIONAL PREMIUM: \$2,718.20**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

3/3/72

Form G-2240-0 A Printed in U. S. A. 2-64

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Countersigned by \_\_\_\_\_

Authorized Agent

Date (Mass Auto Only)				AT 2	Inst. 0	Type 1	Tran. 1	CASUALTY AND MARINE CODING APRON																	Original Premium (Type X Only)			
State	PIP	Loc. Code	Dev.	Primary Premiums		Comm.	Major Line	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	Secondary Premium	Primary	Sec- ondary	
-29				1903.00		050 <sup>0440</sup>																						
				</td																								

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

RIS:  
CARD

mGf

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

mGR

BOY SCOUTS OF AMERICA  
COMPREHENSIVE GENERAL LIABILITY  
REPORT # 2  
PERIOD: 1/16/72 - 2/15/72

POLICY # 10 CA 43303

*Rates*

NAME OF COUNCIL	REG. & COUNCIL #	LOCATION	TOTAL MEMBERSHIP	EFF. DATE	B1 PREMIUM
Missouri Valley Council	10 - 432	Bismark, N. D.	5,372	1/17/72	1,053 492.24 537.20
San Mateo County Council	12 - 020	San Mateo, Calif	16,436	1/19/72	1,506.05 1,643.60
Johnny Appleseed Area Council	04 - 453	Mansfield, Ohio	7,543	1/22/72	691.16 754.30
Old Dominion Area Council	03 - 601	Suffolk, Va.	3,861	1/23/72	353.78 386.10
Yosemite Area Council	12 - 059	Modesto, Calif.	10,919	1/25/72	1,000.51 1,091.90
Central West Va. Council	04 - 616	Clarksburg, West Va.	3,944	1/25/72	361.39 394.40
Quinnipiac Council	01 - 074	Hamden, Conn.	13,981	2/1/72	1,201.08 1,398.10
South Florida Council	06 - 084	Miami, Fla.	36,832	2/8/72	3,374.92 3,683.20
Evangeline Area Council	05 - 212	Lafayette, La.	8,472	2/1/72	776.29 847.20
Chisholm Trail Council, Inc.	09 - 561	Abilene, Texas	4,724	2/15/72	432.86 472.40
Philadelphia Council	03 - 525	Philadelphia, Pa.	40,863	2/1/72	3,744.28 4,086.30
Redwood Area Council	12 - 044	Eureka, Calif.	5,191	2/6/72	495.65 519.10
Detroit Area Council	07 - 262	Detroit, Michigan	106,598	2/13/72	9,767.57 10,657.80
Mobile Area Council	05 - 004	Mobile, Alabama	8,081	2/1/72	740.46 808.10
Washington Trail Council	03 - 511	Erie, Pa.	11,444	1/16/72	1,048.81 1,144.40

(2) The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

REPORT # 2 (CONTINUED)

Policy # 10 CA 43303

- 2 -

<u>NAME OF COUNCIL</u>	<u>REG. &amp; COUNCIL #</u>	<u>LOCATION</u>	<u>TOTAL MEMBERSHIP</u>	<u>EFF. DATE</u>	<u>Ratio Pd Ann</u>	<u>PREMIUM</u>
Lawrence County Council	03 - 520	New Castle Pa.	3,635	2/1/72 07.03	\$ 333.08	363.50
Monmouth Council	02 - 347	Oakhurst, N. J.	17,252	2/1/72	1,580.80	1,725.20
Hiawathaland	07 - 261	Marquette, Mich.	6,654	2/1/72	609.71	665.40
Jonesome Pine Council	04 - 203	Pikeville, Ky.	2,870	2/1/72	262.98	287.00
Burlington County	02 - 690	Willingboro, N. J.	11,320	2/1/72	1,037.25	1,132.00
		Total	325,992		\$ 29,870.65	32,599.20

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Wilson & Allen

25-0480

This endorsement forms a part of Policy No. **10 CA 43303** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....

2/1/72 ✓

Named Insured and Address

Boy Scouts of America  
Route No. 1  
North Brunswick, N.J.

1-1-72 to 73

Effective hour is the same as stated in the Declarations of the Policy.

APPB/30,909.45  
PPND 8,941.20

In consideration of the additional premium of \$29,870.65 it is agreed that the policy is extended to provide coverage for councils in accordance with report No. 2 which is for the period January 16 to February 15, 1972.

**ADDITIONAL PREMIUM: \$29,870.65**

(13)

(6)  
9  
2

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Countersigned by \_\_\_\_\_

Authorized Agent



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

4/6/72

108-00-71

31.

P.S

Annu Prem 22,819.44 9,779.76

P/R Fig 9163

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.**

the policy RISK CARD

BOY SCOUTS OF AMERICA  
 POLICY # 10 CA 43303  
REPORT # 5 (Cont'd.)

<u>CERT. #</u>	<u>REG. &amp; CO.</u>	<u>COUNCIL NAME</u>	<u>LOCATION</u>	<u>MEMBERSHIP</u>	<u>EFFEC. DATE</u>	<u>PREMIUM</u>
229	04-441	Central Ohio	Columbus, Ohio	30,086	4/30/72	\$ 2,004.93
230	07-626	Sinnissippi Council	Beloit, Wisc.	8,490	4/28/72	565.77
231	02-355	Alhtaha Council	Wayne, N.J.	9,970	5/11/72	664.40
232	12-038	Silverado Area	Vallejo, Calif..	6,022	4/28/72	401.31
236	11-313	Vigilante Council	Butte, Montana	2,921	5/1/72	194.66
237	02-341	Ocean County	Tom's River, N.J.	6,447	5/11/72	429.63
238	03-512	Westmoreland-Fayette	Greensburg, Pa.	13,357	5/14/72	890.11
			TOTALS	205,549		\$13,697.79

(27)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

BOY SCOUTS OF AMERICA  
COMPREHENSIVE GENERAL LIABILITY  
POLICY # 10 CA 43303  
REPORT # 5  
EFFEC. 4/16/72 - 5/15/72

CERT. #	REG. & CO.	COUNCIL NAME	LOCATION	MEMBERSHIP	EFFEC. DATE	PREMIUM
180	07-269	Land O'Lakes	Jackson, Mich.	6,072	4/24/72	\$ 404.64
181	09-580	Netseo Trails	Paris, Texas	4,655	4/19/72	310.21
183	05-213	Quachita Valley	Monroe, La.	6,385	4/28/72	425.50
185	12-639	Jim Bridger	Rock Springs, Wyo.	2,259	5/1/72	150.54
193	07-751	Northwest Suburban	Arlington Hts., Ill.	23,616	5/13/72	1,573.77
201	08-308	Ozarks Council	Springfield, Mo.	10,259	5/1/72	683.66
203	03-544	York Adams Area	York, Pa.	12,420	5/11/72	827.67
207	01-071	Central Connecticut	Meredith, Conn.	4,462	5/14/72	297.35
208	01-246	Norumbega Council	Waban, Mass.	4,488	5/1/72	299.08
209	11-614	Fort Simcoe	Yukima, Wash.	4,960	5/7/72	330.53
210	02-354	Aheka	Clifton, N.Y.	3,898	4/25/72	259.76
220	07-138	Creve Couer	Peoria, Ill.	14,812	5/1/72	987.07
222	07-148	Du Page Area	Wheaton, Ill.	17,128	4/29/72	1,141.41
225	02-331	Atlantic Area	Atlantic City, N.J.	3,726	5/5/72	248.30
226	06-801	Canal Zone	Balboa, Canal Zone	3,116	5/1/72	207.65
228	01-097	Chehaw Council	Albany, Georgia	6,000	4/23/72	399.84

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

COMPANY COPY

## DAILY REPORT for use with CASUALTY INSURANCE POLICY Form 8089, and DECLARATIONS Page Form A-2135-0

## THE HARTFORD INSURANCE GROUP

- Codes  
 Hartford Fire Insurance Co.  
 Hartford Accident and Indemnity Co.  
 Citizens Insurance Co. of New Jersey  
 New York Underwriters Insurance Co.  
 Northwestern Underwriters of Citizens  
 Twin City Fire Insurance Co.

INSURER →	Co. Code
	5
Previous Policy No.	7 NEW

POLICY NO. 10 C A43303

## DECLARATIONS

## Items

## 1. Named Insured and Address

The named insured is:  Individual  Partnership  Corporation  
 Joint Venture  Other

## 2. Policy Period

Producer's Name and Address

Agent Code

WILSON & ALLEN  
200 PARK AVENUE  
NEW YORK, N.Y.

250480

From

To

11 72 To 11 73  
12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

- Semi-Annual  
 Quarterly  
 Monthly

3. The advance premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, subject to such limits of liability as are stated therein and subject to all the terms of the policy having reference thereto.

## SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 32,540.00
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Premises Medical Payments Insurance	\$
Contractual Liability Insurance	\$
Personal Injury Liability Insurance	\$
Garage Insurance	\$
	\$
	\$
	\$
	\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:

L3334-0

G2240-0-B (COMP RT END'T) AL-8-0-B (SL) G2240-0-B (PREM PAYHT) TOTAL ADVANCE PREMIUM \$ 32,540.00

If Policy Period more than one year: Gross Premium \$

Premium is payable: On effective date of Policy \$

Discount \$

PAYHT)

Net Premium \$

2nd Anniversary \$

1st Anniversary \$

4. Business of the named insured is →

## EDUCATION DEVELOPMENT

5. During the past 3 years no insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

11 15 DS/1 18 FO

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Wilson + Allen # 250480

This endorsement forms a part of Policy No. **10 CA 43303**,  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date.....

*6/19/72*

*5-16-72*

Named Insured and Address

*1-1-72-73*

**Boy Scouts of America  
Route No. 1  
North Brunswick, N. J.**

Effective date is the same as stated in the Declarations of the Policy.

**Because of the additional premium of \$21,573.77 it is agreed that the  
policy is extended to provide coverage for councils in accordance with Report No. 6  
which is for the period 5/16/72 to 6/15/72.**

**ADDITIONAL PREMIUM \$21,573.77**

*BT-15,10 264  
PD - 6,472.13*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

*6/19/72*

Form G-2240-0 A Printed in U. S. A. 2-64

(38)

**The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.**

*Countersigned by*

*Authorized Agent*

Wilson - Allen  
25-0780

This endorsement forms a part of Policy No. **10 CA 43303**  
issued by THE HARTFORD INSURANCE GROUP company  
designated therein, and takes effect as of the effective date of said  
policy unless another effective date is stated herein.

Named Insured and Address

Boy Scouts of America  
Route No. 1  
North Brunswick, N.J.

1-1-72 to 1-1-73

Effective date **1/1/72**

Effective hour is the same as stated in the Declarations of the  
Policy.

eed that the membership figures for the following councils  
d as follows:

COUNCIL

Bayonne  
Cornhusker  
Gulf Stream  
Sunny Land  
Wyo Braska  
George Rogers Clark  
Custaloga  
Katahdin  
Santa Fe Trail  
Colonel Drake  
Dan Beard

Membership  
Shown as

1,762	1,963
12,122	11,284
8,558	8,701
4,513	4,775
5,000	4,787
4,950	5,395
4,406	4,650
8,400	10,027
4,106	4,442
3,554	3,806
41,874	43,928
<hr/>	<hr/>
99,245	103,758

Should be

ADDITIONAL MEMBERSHIP: **4,513**

ADDITIONAL PREMIUM **\$451.30**

(9)

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



4/6/72

Form G-2240-0 B Printed in U. S. A. 2-64

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Countersigned by *[Signature]* Authorized Agent

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43303** }  
 issued by THE HARTFORD INSURANCE GROUP company  
 designated therein, and takes effect as of the effective date of said  
 policy unless another effective date is stated herein.

Effective date..... Effective hour is the same as stated in the Declarations of the  
 Policy.

### COMPOSITE RATE ENDORSEMENT

#### BASIS OF PREMIUM - PER MEMBER

	C/R	EXPOSURE	PREMIUM
BI	.07	325,402	\$22,778.00
PD	.03	325,402	9,762.00
			<hr/> \$32,540.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form G-2240-0 B Printed in U. S. A. 2-64

The company located these documents in its business records. At this time, the company does not certify that these documents are a complete and accurate copy of the policy.

*Countersigned by \_\_\_\_\_* *Authorized Agent*

250480 Wilson & Allen

This endorsement forms a part of Policy No. **10CA43303**,  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date.....

⑧ of dates 1-1-72-73  
Named Insured and Address

Boy Scouts of America  
Route No. 1  
North Brunswick, New Jersey

In consideration of an additional premium of \$2,718.57 it is agreed that the  
policy is extended to provide coverage for councils in accordance with Report No. 9  
typed 10/16/72.

ADDITIONAL PREMIUM: \$2,718.57

\$103.00 BF  
\$15.00 PD

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

10/16/72

Producer: Wilson & Allen

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.  
*(54)*  
Countersigned by \_\_\_\_\_  
Authorized Agent

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company  
designated therein, and takes effect as of the effective date of said  
policy unless another effective date is stated herein.

Effective date..... Effective hour is the same as stated in the Declarations of the  
Policy.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form G-2240-0 B Printed in U. S. A. 2-64

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.  
Countersigned by... Authorized Agent

POLICY PROVISIONS" Form 8117, Coverage Parts, and endorsements, if any, issued to form a part

of Insurance Policy.

2 21 YB MJG



Hard  
 Hart  
 Hartford Residential and Indemnity Co.  
 Hartford Casualty Company

New York Underwriters Insurance Company  
 Twin City Fire Insurance Company

, Connecticut 06115

The INSURER shall be the Company designated herein by Co. Code:

Previous Co.

10 C

## DECLARATIONS

## Items

1. Named Insured and Address

The named insured is:  Individual  Joint Venture  Partnership  Other

2. Policy Period

Producer's Name and Address

WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N.Y. 10017

Agent Code

26-0180

Hartford  
Policy No.ROUTE 51  
NORTH BRUNSWICK N.J.

10 C A433423

1 1 76

Audit period: Annual unless otherwise stated.

Semi-Annual  
 Quarterly  
 Monthly

Premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, its terms of liability as are stated therein and subject to all the terms of the policy having reference thereto.

## SUMMARY OF ADVANCE PREMIUMS

PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 16,700.00
Comprehensive Automobile Liability Insurance	\$ 2,805.00
Automobile Medical Payments Insurance	\$ 337.00
Uninsured Motorists Insurance	\$ 44.00
Automobile Physical Damage Insurance	\$ 250.00
Premises Medical Payments Insurance	\$
Contractual Liability Insurance	\$ INCLUDED
Personal Injury Liability Insurance	\$ INCLUDED
Garage Insurance	\$ 1,000.00
	\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:  
**SEE FORM AL 80 C**

*Provisional*  
 TOTAL ADVANCE PREMIUM \$ 21,220.00

If Policy Period more than one year: Gross Premium \$  
 Premium is payable: On effective date of Policy \$

Discount \$  
 1st Anniversary \$

Net Premium \$  
 2nd Anniversary \$

4. Business of the named insured is

## EDUCATIONAL DEVELOPMENT

5. During the past 3 years no insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

*Fred Carr Wade*

Form AL-51-B DR Printed in U.S.A.

CONFIDENTIAL

JTX-4000-9

HARTFORD000443

Confidential - Subject to Protective Order

HFBKPLAN015024

SA 3333

COMPANY COPY					
DAILY REPORT for use with CAVU INSURANCE POLICY Form 8117, and DECLARATIONS Page Form AL-51-0					
THE HARTFORD INSURANCE GROUP					
2-21-YB-MJG					
Co. Code					
Filing      Annual Audit      Monthly      Particular Rating					
Prem. Finance      Semi-Annual      Bureau      Retro					
Risk Card      Quarterly      Loss Control      Reinsurance					
INSURER → 5      POLICY NO. 10 C A43342E					
Previous Policy No. 10 C A43324					
C DECLARATIONS      BOY SCOUTS OF AMERICA NATIONAL COUNCIL					
Item 1. Named Insured and Address      ROUTE #1					
The named      Individual      Partnership <input checked="" type="checkbox"/> Corporation      NORTH BRUNSWICK N.J.					
insured is:      Joint Venture      Other					
2. Policy Period      From 1175      To 1176					
Producer's Name and Address WILSON AND ALLEN INC      Agent Code 25-0480					
COMPANY COPY      12:01 A.M., standard time at the address of the named insured as stated herein.					
Audit Period: Annual, unless otherwise stated.      Semi-Annual      Quarterly      Monthly					
UNDERWRITING COPY      SAID					
3. The advance premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, subject to such limits of liability as are stated therein and subject to all the terms of the policy having reference thereto.					
SUMMARY OF ADVANCE PREMIUMS					
COVERAGE PARTS      ADVANCE PREMIUM					
Comprehensive General Liability Insurance \$ 16,744.00					
Comprehensive Automobile Liability Insurance \$ 12,805.00					
Automobile Medical Payments Insurance \$ 337.00					
Uninsured Motorists Insurance \$ 44.00					
Automobile Physical Damage Insurance \$ 290.00					
Premises Medical Payments Insurance \$					
Contractual Liability Insurance \$ INCLUDED					
Personal Injury Liability Insurance \$ INCLUDED					
Garage Insurance \$ 1,000.00					
\$					
\$					
Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue: SEE FORM AL 80C      TOTAL ADVANCE PREMIUM \$ 21,220.00					
If Policy Period more than one year: Gross Premium \$      Discount \$      Net Premium \$ Premium is payable: On effective date of Policy \$      1st Anniversary \$      2nd Anniversary \$					
4. Business of the named insured is → EDUCATIONAL DEVELOPMENT					
5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.					

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-51-0 CDR Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000444

HFBKPLAN015025

SA 3334

**GENERAL LIABILITY**  
Amendatory Endorsement — Notice  
(TEXAS)



This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
COMPREHENSIVE PERSONAL INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
FARMER'S COMPREHENSIVE PERSONAL INSURANCE  
FARM EMPLOYERS' LIABILITY AND FARM EMPLOYEES'  
MEDICAL PAYMENTS INSURANCE  
FARMERS MEDICAL PAYMENTS INSURANCE  
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE  
PREMISES MEDICAL PAYMENTS INSURANCE  
STOREKEEPER'S INSURANCE  
HOSPITAL PROFESSIONAL LIABILITY INSURANCE

As respects *bodily injury* coverage and *property damage* liability coverage, unless the company is prejudiced by the insured's failure to comply with the requirement, any provision of this policy requiring the insured to give notice of action, occurrence or loss, or requiring the insured to forward demands, notices, summons or other legal process, shall not bar liability under this policy.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates an endorsement forms a part thereof, and takes effect as of the effective date of said policy.

*albeit*

The company located the *Hartford* business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

L-3600-D Printed in U.S.A. (ISO-G525)

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000445**

**HFBKPLAN015026**

**SA 3335**



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey       4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms  
a part of  Policy No.  \*Bond No. ....  
issued by THE HARTFORD INSURANCE GROUP company des-  
ignated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date 10 C A43342E 11 75

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N.J.

Effective hour is the same as stated in the Declarations of  
the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued WISC

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 303.00		General Liability	\$
5	Medical Payments	\$ 54.00		Workmen's Compensation	\$
5	Property Damage	\$ 129.00		Burglary	\$
5	Comprehensive	\$ 69.00		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify)	UM \$ 9.00 ✓		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not certify that these documents constitute a complete and accurate copy of the policy.

The company located these documents in its possession and believes them to be accurate. This company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000446

HFBKPLAN015027

SA 3336

Dallas regional office  
PO Box 9271 Dallas Tex 75231

## COUNTERSIGNATURE MEMO

Insured

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J

Company Office <b>MANHATTAN</b>	Co. Code <b>5</b>	Policy No. <b>10 C A43342E</b>	Expiration <b>11 76</b>	Date <b>2-24-75</b>
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Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Countersigning Agent

Name and Address of Producer

**WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N Y 10017**

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are asked to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent. Please enter the premium less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
<b>NEW MEXICO</b>	<b>419</b>	<b>fred C. Wilson</b>

If not licensed, is same desired?  Yes  No. If "Yes", which State

Producer's Rate of Commission **10.0**% Premium **1978**

The company located these documents in its business records. At this time, the company does not certify that these documents constitute accurate copy of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000447

HFBKPLAN015028

SA 3337



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

Code  Hartford Fire Insurance Company      Code  New York Underwriters Insurance Company  
 Code  Hartford Accident and Indemnity Company      Code  Twin City Fire Insurance Company  
 Code  Citizens Insurance Company of New Jersey      Code

This Endorsement forms a part of  Policy No.  \*Bond No.  issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1 1 75

Effective date.....

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK NJ

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

Producing Agent or Broker

NEW MEXICO | WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 644.00	5	General Liability	\$ 5906.00 <del>4298.00</del>
5	Medical Payments	\$ 874.00		Workmen's Compensation	\$
5	Property Damage	\$ 184.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
✓	Other (specify) VM	\$ 276.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not constitute an admission that the risk is as set forth in the policy, nor does it constitute an admission that the risk is insurable. This countersignature does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000448

HFBKPLAN015029

SA 3338

Oklahoma City Regional Office  
1300 Crevecoeur Blv

## COUNTERSIGNATURE MEMO

Address

Insured  
BOY SCOUTS OF AMERICA NATIONAL COUNCIL

RT #1 NORTH BRUNSWICK N J

Company Office <b>MANHATTAN</b>	Co. Code <b>5</b>	Policy No. <b>10 C A43342E</b>	Expiration <b>11-26-77</b>	Date <b>2-24-75</b>
------------------------------------	----------------------	-----------------------------------	-------------------------------	------------------------

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.

**WILSON AND ALLEN INC**  
200 PARK AVE  
NEW YORK N Y 10017

Name and Address of Countersigning Agent

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
<b>OKLAHOMA</b>		

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

If not licensed, is same desired?  Yes  No. If "Yes", which State the company located these documents in its

*1149.00* business records. At this time, the company *does not certify that these documents constitute a complete and accurate copy of the policy.*

Producer's Rate of Commission **10.0** Premium **2100.00**

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000449

HFBKPLAN015030

SA 3339



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

- 1 Hartford Fire Insurance Company       6 New York Underwriters Insurance Company  
 5 Hartford Accident and Indemnity Company       7 Twin City Fire Insurance Company  
 3 Citizens Insurance Company of New Jersey

Named Insured and Address

This Endorsement forms  
a part of  Policy No.  \*Bond No. ....  
issued by THE HARTFORD INSURANCE GROUP company des-  
ignated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

10 C A433425

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N.J.

11 25/76  
Effective date..... Effective hour is the same as stated in the Declarations of  
the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued <b>OKLA</b>	Producing Agent or Broker <b>WILSON AND ALLEN INC 250480</b>
---	---

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ <b>2100.00</b> <i>1149.00</i>
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, constitutes a record of the documents, files and papers, as far as concerns that portion of the Risk located in the State named above.

Agency Location *WV*      Countersigned by *John Allen* does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U. S. A. 6-'70

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000450

HFBKPLAN015031

SA 3340

Houston Regional Office  
The Main Bldg  
Insured

## COUNTERSIGNATURE MEMO

1212 Main St., Houston, TX 77002

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J

Company Office <b>MANHATTAN</b>	Co. Code <b>5</b>	Policy No. <b>10 C A43342E</b>	Expiration <b>1 1 76</b>	Date <b>2-24-75</b>
------------------------------------	----------------------	-----------------------------------	-----------------------------	------------------------

Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Countersigning Agent

Name and Address of Producer

**WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N Y 10017**

## PRODUCER --

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

State of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
<b>TEXAS</b>	<b>4996</b>	<b>Fred C. Wilson</b>

If not licensed, is same desired?  Yes  No. If "Yes", which State?

Producer's Rate of Commission **10.00** Premium **48.00**

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

*64.00**48.00*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000451

HFBKPLAN015032

SA 3341



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

Code  [1] Hartford Fire Insurance Company       [6] New York Underwriters Insurance Company  
 [2] Hartford Accident and Indemnity Company       [7] Twin City Fire Insurance Company  
 [3] Citizens Insurance Company of New Jersey     

This Endorsement forms  
a part of  Policy No.  \*Bond No. ....  
issued by THE HARTFORD INSURANCE GROUP company des-  
ignated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

10 C A43342E

9  
BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N J

1175

Effective date..... Effective hour is the same as stated in the Declarations of  
the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

TEXAS

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 48.00
	Medical Payments	\$		Workmen's Compensation	\$ 64.00
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, with knowledge of the facts set forth above, does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U.S.A. 6-70

Countersigned by (Signature)

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000452

HFBKPLAN015033

SA 3342

Milwaukee Reg. Office  
PO Box 90299

## COUNTERSIGNATURE MEMO MILWAUKEE REG OFFICE, WISCONSIN

Insured

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J

Company Office	Co. Code	Policy No.	Expiration	Date
MANHATTAN	5	10 C A43342E	11 76	2-21-75

Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Producer

WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N Y 10017

Name and Address of Countersigning Agent

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
WISC		

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

If not licensed, is same desired?  Yes  No. If "Yes", which company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Producer's Rate of Commission 15% Premium 195.00  
15% Premium 569.00

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000453

HFBKPLAN015034

SA 3343



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

Ce  Hartford Fire Insurance Company  
 Ce  Hartford Accident and Indemnity Company  
 Ce  Citizens Insurance Company of New Jersey      Ce  New York Underwriters Insurance Company  
 Ce  Twin City Fire Insurance Company

This Endorsement forms  
a part of  Policy No.  Bond No. ....  
issued by THE HARTFORD INSURANCE GROUP company des-  
ignated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date..... **1 1 75**

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL****NORTH BRUNSWICK N J**Effective hour is the same as stated in the Declarations of  
the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**NJ**

Producing Agent or Broker

**WILSON AND ALLEN INC 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Cn. Code	Coverages (Automobile)	Premium For State	Cn. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ <del>192.00</del> <b>103.00</b>	5	General Liability	\$ <del>7870.00</del> <b>8297.00</b>
5	Medical Payments	\$ <del>240.00</del> <b>467.00</b>		Workmen's Compensation	\$
5	Property Damage	\$ <del>64.00</del> <b>729.00</b>		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ <del>32.00</del> <b>26.00</b>		Bond	\$
5	Other (specify) <b>UM PIP</b>	\$ <del>12.00</del> <b>6.00</b>		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not constitute an admission that the documents hereto attached are correct in every particular, nor does it constitute an admission that the documents do not constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by Resident Agent

Form G-1760-7 Printed in U.S.A. 6-70

CONFIDENTIAL

HARTFORD000454

Confidential - Subject to Protective  
Order

HFBKPLAN015035

SA 3344



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

- [1] Hartford Fire Insurance Company       [6] New York Underwriters Insurance Company  
 [2] Hartford Accident and Indemnity Company       [7] Twin City Fire Insurance Company  
 [3] Citizens Insurance Company of New Jersey

This Endorsement forms a part of  Policy No.  \*Bond No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK N.J.

1175

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

MINNESOTA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 47.00		General Liability	\$
	Medical Payments	\$		Workmen's Compensation	\$
5	Property Damage	\$ 33.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 3.00		Bond	\$
5	Other (specify) PIP UM	\$ 3.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The company located these documents in its

The countersignature hereto, by a duly authorized agent of the company, does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U. S. A. 6-70

Countersigned by (Signature)

(Signature)

(Signature)

CONFIDENTIAL

HARTFORD000455

Confidential - Subject to Protective Order

HFBKPLAN015036

SA 3345

*6800 Francis Ave, St. Paul, Minn.*

<b>COUNTERSIGNATURE MEMO MINNEAPOLIS REG OFFICE</b>	
Insured	Address
BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTHE BRUNSWICK N.J.	
Company Office MANHATTAN	Co. Code 5   Policy No. 10 C A433433   Expiration 11 76   Date 2 21 75

Please show Countersigning Agent preferred, if any, in block below.

Name and Address of Countersigning Agent

Name and Address of Producer

**WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N.Y. 10017**

States of Insured's Operations	Non-Resident License, If any	
	Number	Name of Licensee
MINNESOTA	086498	FRED C WILSON

If not licensed, is same desired?  Yes  No. If "Yes", which State?

Producer's Rate of Commission 15 % Premium

*33.00  
92.00*

**PRODUCER —**

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2649-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000456

HFBKPLAN015037

SA 3346



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

Co. [ ] Hartford Fire Insurance Company  
 Hartford Accident and Indemnity Company  
 Citizens Insurance Company of New Jersey  
 New York Underwriters Insurance Company  
 Twin City Fire Insurance Company

This Endorsement forms  
 a part of  Policy No.  \*Bond No. ....  
 issued by THE HARTFORD INSURANCE GROUP company des-  
 ignated therein, and takes effect as of the effective date of said policy  
 unless another effective date is stated herein.

10 C A43342B

1 1 76

Effective date

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

Effective hour is the same as stated in the Declarations of  
 the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued  
**MAINE**

Producing Agent or Broker

**WILSON AND ALLEN INC 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 164.00		General Liability	\$
5	Medical Payments	\$ 34.00		Workmen's Compensation	\$
5	Property Damage	\$ 104.00		Burglary	\$
5	Comprehensive	\$ 196.00		Glass	\$
5	Collision	\$ 198.00		Bond	\$
5	Other (specify)	UM \$ 2.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not constitute a certificate of insurance, and does not imply that the company located these documents in its possession. The company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U. S. A. 6-70

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000457

HFBKPLAN015038

SA 3347

*Portland Office  
Car Insurance Co.*

COUNTERSIGNATURE MEMO PORTLAND OFFICE *Portland, Maine* 04111

Insured

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N.J.

Company Office <b>MANHATTAN</b>	Co. Code <b>5</b>	Policy No. <b>10 C A43342E</b>	Expiration <b>11 76</b>	Date <b>2-21-75</b>
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Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.

**WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N.Y. 10017**

Name and Address of Countersigning Agent

**PRODUCER —**

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, If any	
	Number	Name of Licensee
<b>MAINE</b>		

If not licensed, is same desired?  Yes  No. If "Yes", which State company located these documents in its business records. At this time, the company

*307* does not certify that these documents constitute a complete and accurate copy of the policy.

Producer's Rate of Commission **15 %** Premium *\$506.00*

Form G-2669-0 Printed in U.S.A. 8-67 *acted*

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000458

HFBKPLAN015039

SA 3348



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

- 1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey  
 4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

This Endorsement forms a part of  Policy No.  \*Bond No. 10 C A433428 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....

1 1 75/4

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N.J.

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

INDIANA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 7.00 - 30.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, does not constitute a complete or accurate copy of the policy, as far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by: *[Signature]*

The company located these documents in its possession and certifies that the same are not complete or accurate, does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U.S.A. 6-70

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000459

HFBKPLAN015040

SA 3349

Indianapolis Regional Office  
One Indiana Sq

## COUNTERSIGNATURE MEMO

Shuta 1800  
Indianapolis, Ind. 46204

Insured

Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL** RT #1 NORTH BRUNSWICK N J

Company Office <b>MANH</b>	Co. Code <b>5</b>	Policy No. <b>10 C A4334PE</b>	Expiration <b>11 26 77</b>	Date <b>2 24 75</b>
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Name and Address of Producer

**WILSON AND ALLEN INC**  
200 PARK AVE  
NEW YORK N Y 10017

Name and Address of Countersigning Agent

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
<b>INDIANA</b>		

If not licensed, is same desired?  Yes  No.

If "Yes", which State  
Producer's Rate of Commission **10.0%** Premium  
Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

## PRODUCER --

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000460

Confidential - Subject to Protective Order

HFBKPLAN015041

SA 3350

*Chicago Regional Office  
Insurance Plaza, Chicago, Ill., 60606*

## COUNTERSIGNATURE MEMO

Insured

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N.J.

Company Office <b>MANHATTAN</b>	Co. Code <b>5</b>	Policy No. <b>10 C A43342E</b>	Expiration <b>11 7811</b>	Date <b>22-75</b>
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Name and Address of Producer

**WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N.Y. 10017**

Name and Address of Countersigning Agent

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
<b>ILLINOIS</b>	<i>21328</i>	<i>Fred C. Wilson</i>

If not licensed, is same desired?  Yes  No. If "Yes", which StateProducer's Rate of Commission **10.0** Premium*1155.00*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete or accurate copy of the policy.

Form G-2669-0 Printed in U.S.A. 8-67 *total*

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000461

HFBKPLAN015042

SA 3351



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

- [1] Hartford Fire Insurance Company       [6] New York Underwriters Insurance Company  
 [2] Hartford Accident and Indemnity Company       [7] Twin City Fire Insurance Company  
 [3] Citizens Insurance Company of New Jersey

Named Insured and Address

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

This Endorsement forms  
a part of  Policy No.  \*Bond No.....  
issued by THE HARTFORD INSURANCE GROUP company de-  
signated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

1 1 75/16

Effective date.....

Effective hour is the same as stated in the Declarations of  
the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

GA.

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 53.00 / 104.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The company located these documents in its

The countersignature hereunto, by a duly authorized agent of the company, does not certify that these documents constitute a complete and accurate copy of the policy.

Agency Location

Countersigned by

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000462

HFBKPLAN015043

SA 3352

*Atlanta Regional Office*

## COUNTERSIGNATURE MEMO

*P.O. # 1720**Atlanta, Ga. 30301*

Insured	Address		
<b>BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK N J</b>			
Company Office <b>MANHATTAN</b>	Co. Code <b>5</b>	Policy No. <b>10 C A43342E</b>	Expiration <b>11 76 11</b>
Name and Address of Producer			

Please show Countersigning Agent preferred, if any,  
in block below.

**WILSON AND ALLEN INC**  
**200 PARK AVE**  
**NEW YORK N Y 10017**

Name and Address of Countersigning Agent

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
GA.	90081	<i>Joseph W. Allen</i>

If not licensed, is same desired?  Yes  No.

If "Yes", which State?

The company located these documents in its business records. At this time, the company

Producer's Rate of Commission **10%** Premium **53.00**

does not certify that these documents constitute a complete and accurate **26%** of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

*attas*

COMPANY OFFICE OF PRODUCER

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000463

HFBKPLAN015044

SA 3353



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

- 1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey       4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

This Endorsement forms  
a part of  Policy No.  \*Bond No. ....  
issued by THE HARTFORD INSURANCE GROUP company des-  
ignated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

10 C A43342E

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N.J.

Effective date.....

Effective hour is the same as stated in the Declarations of  
the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

DIST OF COLUMBIA

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ <u>7.00</u> <u>18.00</u>
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is made in accordance with the laws of the state where the policy is written, so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by *[Signature]* Resident Agent

The company located these documents in its possession and certifies that they are a copy of the original documents, but does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-1760-7 Printed in U.S.A. 6-70

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000464

HFBKPLAN015045

SA 3354

*Washington Regional Office*

## COUNTERSIGNATURE MEMO

*100 N.W. 2nd St.**Seattle, Wa. 2314*

Insured	Address		
BOY SCOUTS OF AMERICA NATIONAL COUNCIL Company Office MANHATTAN	Co. Code 5	Policy No. 10 C A43342B	Expiration 11 26 71 Date 2-24-73

Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Producer  
**WILSON AND ALLEN INC**  
**200 PARK AVE**  
**NEW YORK N Y 10017**

Name and Address of Countersigning Agent

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
DIST OF COLUMBIA	49350	<i>Fred C. Wilson</i>

If not licensed, is same desired?  Yes  No. If "Yes", which States

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

Producer's Rate of Commission **10%** Premium **18.00** **7.00**

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER  
*Attn:*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000465

HFBKPLAN015046

SA 3355

## DAILY REPORT for use with CASUALTY INSURANCE POLICY Form 8117, and DECLARATIONS Page Form AL-51-0

COMPANY COPY

## THE HARTFORD INSURANCE GROUP

- C. Co's:  
 1 Hartford Fire Insurance Co.  
 2 Hartford Accident and Indemnity Co.  
 3 Hartford Casualty Insurance Co.  
 4 New York Underwriters Insurance Co.  
 5 Twin City Fire Insurance Co.

Filing	Annual Audit	Monthly	Participating
Prem. Finance	Semi-Annual	Bureau	Retro
Risk Card	Quarterly	Loss Control	Reinsurance

2 21 YB MJG

**SPEC. ACCTS.****INSURER DEPT.**

## DECLARATIONS

## Items

- Named Insured and Address  
 The named  Individual  Partnership  Corporation  
 insured is:  Joint Venture  Other

## 2. Policy Period

Producer's Name and Address

Agent Code

WILSON AND ALLEN INC  
200 PARK AVE  
NEW YORK N.Y. 10017

25-0480 /

From

To

1175

1176

POLICY NO. 10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
ROUTE #1  
NORTH BRUNSWICK N.J. Re/10 CA 43349E

12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

- Semi-Annual  
 Quarterly  
 Monthly

Sum for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, and the terms of liability as are stated therein and subject to all the terms of the policy having reference thereto.

## SUMMARY OF ADVANCE PREMIUMS

## COVERAGE PARTS

## ADVANCE PREMIUM

Comprehensive General Liability Insurance

\$ 19,510.00

Comprehensive Automobile Liability Insurance

\$ 16,744.00

Automobile Medical Payments Insurance

\$ 1671.00

Uninsured Motorists Insurance

\$ 2,805.00

Automobile Physical Damage Insurance

\$ 1113.00

Premises Medical Payments Insurance

\$ 537.00

Contractual Liability Insurance

\$ 324.00

Personal Injury Liability Insurance

\$ 44.00

Garage Insurance

\$ 265.00

NOTIFY SPEC. ACCTS. INS.

\$ 290.00

Employee Benefit Liability Insurance

\$ included

\$ INCLUDED

\$ INCLUDED

\$ 1038.00

\$ 1,000.00

\$ included

\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:

SEE FORM AL 80 C

TOTAL ADVANCE PREMIUM

\$ 21,220.00

\$ 14,276.00

If Policy Period more than one year: Gross Premium \$  
Premium is payable: On effective date of Policy \$

Discount \$

Net Premium \$

1st Anniversary \$

2nd Anniversary \$

4. Business of the named insured is →

EDUCATIONAL DEVELOPMENT

5. During the past 3 years no insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

af

*Guaranty Underwriting - Tangle 6/7/81*

The company located these documents in its business records. At this time, the company believes no copy of the policy documents constitute a complete and accurate copy of the policy.

Form AL-51-0 GDR Printed in U.S.A.

CONFIDENTIAL

HARTFORD000466

Confidential - Subject to Protective Order

HFBKPLAN015047

SA 3356

3/24/C/BJ  
WILSON AND ALLEN 100-250480

This endorsement forms a part of Policy No. **10-C-18842**,  
issued by THE HARTFORD INSURANCE GROUP company designated  
therin, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
ROUTE #1  
NORTH BRIDGEWICK, N. J.**

Effective date..... **1-1-75** 12:01 A. M., standard time at the address of the named insured  
stated herein.

*additional Insured*

**ADDITIONAL INSURED (Golden Gate Scouting)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE, IT IS  
AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF GOLDEN  
GATE SCOUTING AS AN ADDITIONAL INSURED.**

*OK*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000467

HFBKPLAN015048

SA 3357

3/24/C/BJ  
WILSON AND ALLEN INS. 250480

This endorsement forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
ROUTE #1  
NORTH BRUNSWICK, N. J.**

Effective date..... 1-1-75 12:01 A. M., standard time at the address of the named insured as stated herein.

*additional Insured (Golden Gate Scouting)*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE, IT IS  
AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF GOLDEN  
GATE SCOUTING AS AN ADDITIONAL INSURED.**

*OP*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its *Countersigned by* business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000468

HFBKPLAN015049

SA 3358

10 C A43342E

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

*Named Insured Endorsement*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**CONTRACTUAL LIABILITY INSURANCE**  
**PERSONAL INJURY LIABILITY INSURANCE**  
**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**  
**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**  
~~Revised coverage not yet provided~~  
~~Conveyee Benefit Insurance~~  
**NAMED INSURED ENDORSEMENT**

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ  
AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS  
SOUTH CINCINNATI PARKING GARAGE  
PHILNGHT SCOUT RANCH, Cimarron, N.M.  
~~CIMARRON~~  
PHILTOWER BUILDING, TULSA OKLA

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, or  
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement to  
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said pol-  
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form AL-8-8 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000469

HFBKPLAN015050

SA 3359

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

*Named Insured Endorsement*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
AUTOMOBILE PHYSICAL DAMAGE INSURANCE**  
**NAMED INSURED ENDORSEMENT**

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS

SOUTH CINCINNATI PARKING GARAGE

PHILMONT SCOUT RANCH, Cimarron, N.M.

CIMARRON, N.M.

PHILTOWER BUILDING, TULSA OKLA

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-8 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000470

HFBKPLAN015051

SA 3360

96  
10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
LIQUOR LIABILITY INSURANCE (HOST COVERAGE)**

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS FORMING PART OF THE POLICY AT ISSUE:

CGL

- L 3503-0
- L 3523-0
- L 3524-0
- L 3525-0
- L 2583-02
- L 3037-1 AND EXTENSION AL 8-0 C
- L 3013-0
- L 3239-0

AL 8 O B NOTICE OF OCCURRENCE

AL 8 O B INTERESTS OF THE TPA, INCLUDED AS AN ADDITIONAL INSURED

AL 8 O B INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

AL 8 O B VESSELS

AL 8 O C AMENDMENT LIMITS OF LIABILITY ( SINGLE LIMIT )

AS PER CONTRACTUAL LIAB COV PAGE

AL 8 O C AMENDMENT LIMITS OF LIABILITY ( SINGLE LIMIT )

AS PER PERSONAL INJURY LIAB COV PAGE

AL 8 O A ELIMINATIONS OF EXCLUSIONS C

AS PER DECLARATION PAGE AL 51-0

AL 8 O B NAMED INSURED ENDT

AL 8 O B ADDITIONAL INSURED

AL 57-0

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 C Printed in U.S.A. 10-66 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000471

HFBKPLAN015052

SA 3361

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
THE HARTFORD INSURANCE GROUP company designation  
takes effect as of the effective date of said policy  
date is stated herein.

12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**EXHAUSTIVE GENERAL LIABILITY INSURANCE  
EXTRACTION LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
GENERAL LIABILITY INSURANCE (HOST COVERAGE)**

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS FORMING PART OF THE  
POLICY AT ISSUE:

CGL

- L 3503-0  
- L 3523-0  
- L 3524-0  
- L 3075-0  
- L 3525-0  
- L 2583-0  
- L 3037-1 AND EXTENSION AL 8-0 C  
- L 3012-0  
- L 3239-0 L.S.

AL 8 0 B NOTICE OF OCCURRENCE

AL 8 0 B INTERESTS OF THE INSURED INCLUDED AS AN ADDITIONAL INSURED

AL 8 0 B INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

AL 8 0 B VEHICLE

AL 8 0 C AMENDMENT LIMITS OF LIABILITY ( SINGLE LIMIT )

AS PER CONTRACTUAL LIABILITY COV PART

AL 8 0 C AMENDMENT LIMITS OF LIABILITY ( SINGLE LIMIT )

AS PER PERSONAL INJURY LIABILITY COV PART

AL 8 0 C AMENDMENT LIMITS OF LIABILITY COV PART

AS PER DECLARATION PAGE AL 51-0

AL 8 0 B NAMED INSURED ENDY

AL 8 0 B ADDITIONAL INSURED

AL 1-12

AL 57-0

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000472

HFBKPLAN015053

SA 3362

96  
10 C A43342E

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

## EXTENSION TO FORM L 3037-1

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

## COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1  
"REAL PROPERTY LIABILITY FIRE":

DESC OF PROPERTY	LIMIT OF LIAB	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK N Y	100,000 EA OCCURRENCE		INCLUDED
2. 300 WEST ADAMS ST CHICAGO ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA GA	100,000 EA OCCURRENCE		IN THE
4. POWER & LIGHT BLDG 14TH BALTIMORE SUITE 2606 KANSAS CITY MO	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD DALLAS TEXAS	100,000 EA OCCURRENCE		
6. 790 LUCERNE DRIVE SUNNYVALE CALIF	100,000 EA OCCURRENCE		RATE
7. 275 Bush St. SAN FRANCISCO, CALIF. 94104	100,000 ea occurrence		

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-9 C Printed in U. S. A. 10/66 NBCU:

*attach*

The company located these documents in its business records. At this time, the company does not certify that these documents contain a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000473

HFBKPLAN015054

SA 3363

Named Insured and Address

10 C A433425 96

This endorsement forms a part of Policy No. ....  
 Issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

## EXTENSION TO FORM L 3037-1

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

## COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1  
 "REAL PROPERTY LIABILITY FIRE."

DESC OF PROPERTY	LIMIT OF LIAB	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK N.Y.	100,000 EA OCCURRENCE		INCLUDE
2. 300 WEST ADAMS ST CHICAGO ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA GA	100,000 EA OCCURRENCE		IN THE
4. POWER & LIGHT BLDG 14TH BALTIMORE SUITE 2606 KANSAS CITY MO	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD DALLAS TEXAS	100,000 EA OCCURRENCE		
6. 790 LUCERNE DRIVE SUNNYVALE CALIF	100,000 EA OCCURRENCE		RATE
7. 275 Bush St. SAN FRANCISCO, CALIF. 94104	100,000 ea. occurrence		

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-9 C Printed in U. S. A. 10-66 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000474

HFBKPLAN015055

SA 3364

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

~~INTERESTS OF THE TVA INCLUDED AS ADDITIONAL INSURED~~

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

*comprehensive General Liability Insurance*

IT IS AGREED THAT THE INTEREST OF THE TENNESSEE VALLEY AUTHORITY  
AND THE UNITED STATES GOVERNMENT ARE INCLUDED AS ADDITIONAL INSURED  
WITH RESPECT TO THE USE OF PREMISES IN "LAND BETWEEN THE LAKES" FOR  
THE DEVELOPMENT OF A HIGH ADVENTURE SCOUTING PROGRAM BY THE BOY  
SCOUTS OF AMERICA, THE INTERESTS OF THE TENNESSEE VALLEY AUTHORITY  
AND THE UNITED STATES GOVERNMENT ARE PROTECTED WITH RESPECT TO  
LOSSES OR SUITS ARISING OUT OF THE ~~BOY'S~~ ACTIVITIES IN THIS PROGRAM.  
*BSA's*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

*attn:*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000475

HFBKPLAN015056

SA 3365

10 C A43342E

Named Insured and Address:

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

**INTERESTS OF THE TVA INCLUDED AS ADDITIONAL INSURED**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

IT IS AGREED THAT THE INTEREST OF THE TENNESSEE VALLEY AUTHORITY AND THE UNITED STATES GOVERNMENT ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE USE OF PREMISES IN "LAND BETWEEN THE LAKES" FOR THE DEVELOPMENT OF A HIGH ADVENTURE SCOUTING PROGRAM BY THE BOY SCOUTS OF AMERICA. THE INTERESTS OF THE TENNESSEE VALLEY AUTHORITY AND THE UNITED STATES GOVERNMENT ARE PROTECTED WITH RESPECT TO LOSSES OR SUITS ARISING OUT OF THE BSA'S ACTIVITIES IN THIS PROGRAM.

*cancel page*  
*type. error*

*X?*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0-B Printed in U. S. A. 10-66 NBCU:

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000476

HFBKPLAN015057

SA 3366

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

*Additional Insured  
(U.S. Foundation for International Scouting)*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**ADDITIONAL INSURED**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE  
IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO INCLUDE  
THE INTEREST OF U.S. FOUNDATION FOR INTERNATIONAL SCOUTING AS  
ADDITIONAL INSURED.**

*OK*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

*ata* The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000477

HFBKPLAN015058

SA 3367

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the *named insured* as stated herein.

**ELIMINATION OF EXCLUSION "C"**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**PERSONAL INJURY LIABILITY INSURANCE**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS AGREED THAT EXCLUSION (C) OF THE PERSONAL INJURY LIABILITY COVERAGE PART IS DELETED.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

*attn:*

The company located these documents in its business records. At this time, the company *Countersigned* that these documents constitute a complete and accurate copy of the policy.

Form AL-8-6 A Printed in U. S. A. 10-66 NBCU:

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000478

HFBKPLAN015059

SA 3368

AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE**

SCHEDULE

<u>BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.</u>	\$ 500 ,000 EACH OCCURRENCE
	\$ 500 ,000 AGGREGATE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY"  
RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE  
AMENDED TO READ AS FOLLOWS:

LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSUREDS UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

(A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.

(B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Ferm AL-5-0 C Printed in U.S.A. 10/66 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents are a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000479

HFBKPLAN015060

SA 3369

## AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

Amendment - Limits of Liability (Single Limit)

(cont'd.)

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE**

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (A) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
  - (B) TO THE SUM OF THE DAMAGE FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
  - (C) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (D) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless counter-signed by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



*actual*  
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the original document.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000480

HFBKPLAN015061

SA 3370



## COMPREHENSIVE GENERAL LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY

Und. Approved	Pending Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy).

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
A — Bodily Injury Liability	\$ 15,912.00 17,286.00	\$ SEE ,000 each occurrence <b>SINGLE</b> \$ LIMIT ,000 aggregate
B — Property Damage Liability	\$ 832.00 2224.00	\$ ENDT ,000 each occurrence \$ ATT ,000 aggregate

Rating Classifications Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.	Code No.	Premium Bases	Rates	Advance Premiums
			B. I. P. D.	B. I. P. D.
(a) Premises — Operations		(a) Area (b) Frontage (c) Remuneration (d) Receipts	(e) Per 100 Sq. Ft. of Area (f) Per Linear Foot (g) Per \$100 of Remuneration (h) Per \$100 of Receipts	
(b) Escalators		(e) Landings	(e) Per Landing	
(c) Independent Contractors		(f) Cost	(f) Per \$100 of Cost	
(d) Completed Operations		(g) Receipts	(g) Per \$1,000 of Receipts	
(e) Products		(h) Sales	(h) Per \$1,000 of Sales	

1) PAYROLL 1) PER \$100 of Workmen's Comp.  
OF PAYROLL

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +

ALL PREMISES OPERATIONS  
OF THE INSURED INCLUDING  
PRODUCTS, AND ALSO INCLUDING  
PERSONAL INJURY LIABILITY  
INSURANCE (EXCLUSION C NOT  
APPLICABLE), Contractual  
Liability Insurance, Business  
Medical Payments to Insured,  
Liquor Liability Insurance (not  
coverage) and Employee Benefits  
Liability Insurance.

Form Numbers of Endorsements forming part of this Coverage Part at issue: <b>SEE FORM AL 8.0 &amp; C</b>	TOTAL ADVANCE PREMIUMS
	17,286.00 2224.00 15,912.00 -832.00

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The conditions and provisions printed on pages CGL-2 and CGL-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if the coverage takes effect as of the effective date of the policy and, at issue of said policy, formal countersignature is not feasible due to circumstances, a written signature of the company shall constitute valid countersignature of this Coverage Part.

A complete and accurate copy of the policy.

Counter signed by \_\_\_\_\_

Authorized Agent

CONFIDENTIAL

HARTFORD000482

11/19 10 D WILSON &amp; ALLEN, INC. 25480.



THE HARTFORD

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

This endorsement forms a part of Policy No. 10 C A43342E, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

## Named Insured and Address

BOY SCOUTS OF AMERICA.

NORTH BRUNSWICK, NEW JERSEY.

Effective 9-27-75.

12:01 A. M., standard time at the address of the named insured as stated herein.

This policy is amended, with respect only to such of the following items as are indicated by :

1. Insured's NAME is amended to read \_\_\_\_\_  
 2. Insured's ADDRESS is amended to read \_\_\_\_\_  
 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.  
 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:  
 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification
..	..	/	/
..	..	/	/

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
1969 CHEV P/U CS139T830725.		

 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)		COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
★ Include	★ Delete	★ Amend Limits	\$ 500,000 each person	\$ 54 /	\$	\$ 14
X		Bodily Injury Liability	\$ 500,000 each occurrence	\$ 17 /	\$	\$ 4
X		Medical Payments	\$ 5000 each person	\$ 45	\$	\$ 12
X		Property Damage Liability	\$ 500,000 each occurrence	\$		
X		Uninsured Motorists	\$ 15,000 each person	\$ 2 /	\$	\$ 1
		Comprehensive	\$ 30 ACV unless amount stated less \$ deductible	\$	\$	\$
		Collision	ACV less \$ deductible	\$	\$	\$
		Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
		Theft	\$ ACV unless amount stated	\$	\$	\$
		Combined Additional	\$ ACV unless amount stated	\$	\$	\$
		Towing	\$ each disablement	\$	\$	\$
				\$	\$	\$

The company has agreed to accept the following amounts in its place of the amounts shown in the Schedule above for the following coverages. The company will not be liable for amounts in excess of the amounts shown in the Schedule above for the following coverages.

TOTALS \$ 118,000.00

NET ADDITIONAL RETURN \$ 31,000.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by the company and deposited in the office of the company before the policy is issued.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000483

HFBKPLAN015064

SA 3373

R/P \$44.00 2/10/BJ  
WILSON & ALLEN INC. 25-0480



THE HARTFORD

20 YR.  
RET.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, N.J.

This endorsement forms a part of Policy No. **10 C A43342E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date **6/1/75 TO 8/31/75**, 12:01 A.M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

### AUTOMOBILE PHYSICAL DAMAGE INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
BELLOW, COMPREHENSIVE IS ELIMINATED:

#	YR	MAKE	SERIAL #	ANNUAL	P/R
18	74	CHEV CARRYALL	CC4264F178865	53.00	13.00
23	72	CHEV CARRYALL	CC6264F174138	21.00	5.00
24	72	CHEV CARRYALL	CC6264F162143	21.00	5.00
25	73	CHEV CARRYALL	CC2263F171514	30.00	7.00
26	73	CHEV CARRYALL	CC2263F17143	30.00	7.00
27	71	CHEV CARRYALL	CS261F650350	27.00	7.00
					<b>44.00</b>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-6-1 B Printed in U.S.A. ISO

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000484

HFBKPLAN015065

SA 3374

2 18 YB MJG  
WILSON AND ALLEN INC 250480

REVISED



THE HARTFORD

### Change, Elimination or Addition of Automobile Change of Coverage—Amendment of Declarations

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

10 22 75

Effective date.....

12:01 A. M., standard time at the address of the named insured as stated herein.

The policy is amended, with respect only to such of the following items as are indicated by :

The named insured's NAME is amended to read .....

The named insured's ADDRESS is amended to read .....

3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.

4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:

5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

6. Automobile(s) ADDED

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 DODGE P/U DL1EE55164505				MENDHAM N J	C	IND TRUCK
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

T-25

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)	COVERAGES			ACV means Actual Cash Value			PREMIUMS		
	★ Include	★ Delete	★ Amend Limits	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN		
				\$ 500 ,000 each person					
				\$ 500 ,000 each occurrence	\$ 12.00	\$ 2.00			
				\$ 5000 each person	\$ 10.00	\$ 4.00			
				\$ 500 ,000 each occurrence	\$ 4.00	\$ 1.00			
				\$ 15 ,000 each person					
				\$ 30 ,000 each accident	\$ 5.00	\$ 1.00			
				\$ ACV unless amount stated					
				less \$ deductible	\$	\$	\$		
				ACV less \$ deductible	\$	\$	\$		
				\$ ACV unless amount stated	\$	\$	\$		
				\$ ACV unless amount stated	\$	\$	\$		
				\$ ACV unless amount stated	\$	\$	\$		
				\$ each disablement	\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		

PR .195  
Nothing herein contained shall be held to vary, waive, alter, or extend any provision of the policy. This endorsement, when combined with other endorsements, constitutes a complete and accurate copy of the policy.

Counter-signed by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000485

HFBKPLAN015066

SA 3375

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

Comprehensive Automobile Liability Insurance  
Automobile Physical Damage Insurance  
Comprehensive General Liability Insurance  
Personal Injury Liability Insurance  
Contractual Liability Insurance

Notice of Occurrence

It is agreed that notice of claim or suit to the insured, is to be deemed effective only when given to an executive officer or the insurance manager of B. S. A. National Headquarters North Brunswick N.J.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its historical records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000486

HFBKPLAN015067

SA 3376

3/24/FC/BJ REVISED  
WILSON AND ALL INC. 250480

This endorsement forms a part of Policy No. **10 C A43342E** qf  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address  
**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**ROUTE #1**  
**NORTH BRUNSWICK, N. J.**

Effective date.....

12:01 A. M., standard time at the address of the named insured as  
stated herein.

**NOTICE OF OCCURRENCE**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

*Other liability coverage*  
*Physical damage insurance*  
*Contractual liability insurance*  
*Business injury liability insurance*

**IT IS AGREED THAT NOTICE OF CLAIM OR SUIT TO THE INSURED, IS TO  
BE DEEMED EFFECTIVE ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR  
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS, NORTH  
BRUNSWICK, N. J.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company: provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000487

HFBKPLAN015068

SA 3377

## PERSONAL INJURY LIABILITY INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Vigilant Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to personal injury arising out of an offense included within such of the following groups of offenses as are indicated by specific premium charge or charges.

Coverage	Limits of Liability		
PI—Personal Injury Liability	\$ 500,000 aggregate		
<b>Insured's participation</b>			
<b>Groups of Offenses</b>			
A. False Arrest, Detention or Imprisonment, or Malicious Prosecution			
B. Libel, Slander, Defamation or Violation of Right of Privacy			
C. Wrongful Entry or Eviction or Other Invasion of Right of Private Occupancy			
Minimum Premium \$	Total Advance Premium		
Location and Description of Exposure	Premium Bases	Rates	Premium
ALL LOCATIONS OF THE INSURED ( FILED WITH THE COMPANY)			INCL IN COMPOSITE RATE

Form Numbers of Endorsements forming part of this Coverage Part at issue:

ELIMINATION OF EXCL "C" AL 80 A

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$

1st Anniversary

2nd Anniversary \$

The conditions and provisions printed on page PI-2 of this form are hereby referred to and made a part of this Coverage Part. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms part of the policy, the signature of a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part. It is agreed that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000488

HFBKPLAN015069

SA 3378

**LIQUOR LIABILITY INSURANCE — COVERAGE PART****COMPANY COPY**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

**10 C A43342E**

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

**SCHEDULE**

The insurance afforded is with respect to the following coverage as indicated by specific premium charge. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Limits of Liability	Advance Premium
X — Liquor Liability	\$500 <i>See Single Limit</i> \$500 each common cause \$500 aggregate	\$ INCLUDED
Location of Insured Premises	Code No.	Premium Basis Rate Advance Premium
<b>LIQUOR HOST LIABILITY</b> <i>of the insured</i> <b>ALL LOCATIONS COVERED</b> <b>BY POLICY</b> <i>(Filed with the Company)</i>		Receipts Per \$100 of Receipts INCLUDED IN COMPOSITE RATE
Class of Business		TOTAL ADVANCE PREMIUM \$

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

**I. COVERAGE X — LIQUOR LIABILITY**

The company will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of injury to which this insurance applies, sustained by any person if such liability is imposed upon the insured by reason of the selling, serving or giving of any alcoholic beverage at or from the insured premises, and the company shall have the right and duty to defend any suit against the insured seeking such damages, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

**Exclusions**

This insurance does not apply:

(a) to any obligation for which the insured or any carrier as his insurer may be held liable under any workmen's compensation, unemployment compensation or disability benefits law, or under any similar law;

(b) to bodily injury to any employee of the insured arising out of and in the course of his employment by the insured or to any obligation of the insured to indemnify another because of damages arising out of such injury;

(c) to injury arising out of any alcoholic beverage sold, served or given while any license therefor, required by law, is suspended or after such license expires, is cancelled or revoked;

(d) to bodily injury or property damage arising out of the named insured's products or reliance upon a representation or warranty made at any time with respect thereto; but this exclusion does not apply to bodily injury or property damage for which the insured or his indemnitee may be held liable if such liability is imposed

(1) by, or because of the violation of, any statute, ordinance or regulation pertaining to the sale, gift, distribution or use of any alcoholic beverage, or

(2) by reason of the selling, serving or giving of any alcoholic beverage to a minor or to a person under the influence of alcohol or which causes or contributes to the intoxication of any person.

The conditions and provisions printed on page LL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Authorized Agent

**CONFIDENTIAL****HARTFORD000489**

## ERRORS AND OMISSIONS INSURANCE -- EMPLOYEE BENEFIT PROGRAMS

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....

Effective hour is the same as stated in the Declarations of the policy.

## SCHEDULE

Limits of Liability	Estimated Advance Premium
\$ 500,000 each claim	\$ .....
\$ 500,000 aggregate	\$ INCLUDED IN COMPOSITE RATE

The company agrees with the Named Insured, in consideration of the payment of the premium and in reliance upon the statements in the declarations and in the schedule herein and subject to the limits of liability, exclusions, conditions and other terms of this endorsement:

## INSURING AGREEMENTS

- I. COVERAGE. To pay on behalf of the Insured all sums which the Insured shall become legally obligated to pay on account of any claim made against the Insured and caused by any negligent act, error or omission of the Insured, or any other person for whose acts the Insured is legally liable in the administration of the Insured's Employee Benefit Programs as defined herein.
- II. DEFENSE, SETTLEMENT, SUPPLEMENTARY PAYMENTS. As respects such insurance as is afforded by the terms of this endorsement, the company shall:
  - (a) defend in his name and behalf any suit against the Insured alleging such negligent act, error or omission and seeking damages on account thereof, even if such suit is groundless, false or fraudulent; but the company may make such investigation and negotiation and, with the written consent of the Insured, such settlement of any claim or suit as the company deems expedient;
  - (b) pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of this endorsement; all premiums on appeal bonds required in any such defended suit, but without any obligation to apply for or furnish such bonds, all costs taxed against the Insured in any such suit, all expenses incurred by the company, all interest accruing after entry of judgment until the company has paid, tendered or deposited in court such part of such judgment as does not exceed the limit of the company's liability thereon;
  - (c) reimburse the Insured for all reasonable expenses, other than loss of earnings, incurred at the company's request;
  - and the amounts incurred under this insuring agreement, except settlements of claims and suits, are payable by the company in addition to the applicable limit of liability of this endorsement.
- III. DEFINITIONS.
  - (a) "Insured" --- The unqualified word "Insured", wherever used, includes not only the Named Insured, but also any partner, executive officer, director, stockholder or employee, provided such employee is authorized to act in the administration of the Insured's Employee Benefit Programs.
  - (b) "Employee Benefit Programs" --- The term "Employee Benefit Programs" shall mean Group Life Insurance, Group Accident or Health Insurance, Pension Plans, Employee Stock Subscription Plans, Workmen's Compensation, Unemployment Insurance, Social Security and Disability Benefits.
  - (c) "Administration" --- The unqualified word "Administration", wherever used, shall mean:
    - (1) giving counsel to employees with respect to Employee Benefit Programs;
    - (2) interpreting Employee Benefit Programs;
    - (3) handling of records in connection with Employee Benefit Programs;
    - (4) effecting enrollment of employees under Employee Benefit Programs;
 provided all such acts are authorized by the Named Insured.
- IV. ENDORSEMENT PERIOD, TERRITORY. This endorsement applies only to claims under the local jurisdiction of a court of law within the United States of America, its territories or possessions or Canada, resulting from negligent acts, errors or omissions of the Insured, or any person acting on behalf of the Insured in the administration of Employee Benefit Programs provided such claim is brought against the Named Insured during the policy period and the Named Insured at the effective date of this endorsement had no knowledge of or could not have reasonably foreseen any circumstances which might result in a claim or suit.

## EXCLUSIONS

This endorsement does not apply:

- (a) to any dishonest, fraudulent, criminal or malicious act, libel, slander, discrimination, or humiliation;
- (b) to bodily injury to, or sickness, disease, or death, of any person, or to injury to or destruction of any tangible property, including the loss of use thereof;
- (c) to any claim for failure of performance of contract by an insurer;
- (d) to any claim based upon:
  - (1) failure of stock to perform as represented by an insured,
  - (2) advice given by an insured to an employee to participate or not to participate in stock subscription plans.

## CONDITIONS

1. Policy Conditions. All the Conditions of the policy which would apply to the bodily injury or property damage liability coverages thereof shall apply to the insurance under this endorsement except those respecting "Premium", "Definitions" and "Limits of Liability".
2. Limits of Liability
  - (a) Subject to the provisions of the following paragraphs, the limit of liability stated in the schedule herein as applicable to "each claim" is the limit of the company's liability for all damages on account of each claim or suit covered hereunder; the limit of liability stated in the schedule herein as "aggregate", is, subject to the above provision respecting "each claim", the total limit of the company's liability hereunder for all damages.
  - (b) \$1,000. shall be deducted from the total amount resulting from each claim and the company shall be liable only for the difference between such deductible amount and the amount of insurance otherwise applicable to each claim. Such deductible amount shall not apply to the coverage provided under Insuring Agreement II.
  - (c) The terms of this endorsement and the policy, including those with respect to notice of claim or suit and the company's right to investigate, negotiate and settle any claim or suit, apply irrespective of the application of the deductible amount. If the company undertakes to negotiate or settle any claim or suit, the Insured agrees to join the company in such negotiation or settlement to the extent of the amount to be deducted as herein provided, or to reimburse the company for such deductible amount, if and when such claim is paid by the company.
  - (d) The inclusion herein of more than one insured shall not operate to increase the limits of the company's liability.
3. Premium. The premium developed by this endorsement shall be determined in accordance with the following schedule of rates and is subject to adjustment at audit:

Estimated Number of Employees	Rate (Each Employee)	Estimated Premium
.....First 5,000	\$ .....	\$ .....
.....Next 5,000	\$ .....	\$ .....
.....Over 10,000	\$ .....	\$ .....
Total \$ .....		

If the policy period of the policy to which this endorsement is attached is more than one year, upon termination of each annual period of the policy the Insured, on request, will furnish the company a statement of personnel changes during the policy period and the earned premium shall be computed in accordance with the above rates. If the earned premium thus computed exceeds the estimated advance premium paid, the Insured shall pay the excess to the company; if less, the company shall return to the Insured the unearned portion paid by such insured.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-2833-1 Printed in U.S.A. 6-66

The company located these documents in its business records. At this time, the company certifies that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000490

HFBKPLAN015071

SA 3380

**REAL PROPERTY — LIABILITY — FIRE**

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
 MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
 OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE**

It is agreed that the Property Damage Liability Coverage applies to *property damage* to structures or portions thereof rented to or occupied by the *named insured* and described in this endorsement, including fixtures permanently attached thereto, if such *property damage* arises out of fire, subject to the following additional provisions:

1. With respect to the insurance provided by this endorsement, all of the exclusions of the policy, other than the Nuclear Energy Liability Exclusion (Broad Form), are deleted and replaced by the following:  
*This insurance does not apply to liability assumed by the *insured* under any contract or agreement.*
2. The limit of liability stated in this endorsement applies separately to the insurance under this endorsement and is in lieu of any other limit of liability stated in the policy.

Description of Property	Limit of Liability	Rate (per \$100 of Limit)	Premium
	\$	each occurrence	

**SEE FORM AL 8 O C**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-3037-1 Printed in U. S. A. 10-69 (NBCU: G 209)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

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HARTFORD000491

HFBKPLAN015072

SA 3381

10 C A43342E <sup>9E</sup>

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address:

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

### INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

#### COMPREHENSIVE GENERAL LIABILITY INSURANCE

#### IT IS AGREED THAT:

- 1) THE DEFINITION OF "BODILY INJURY" IS AMENDED TO INCLUDE  
INJURY ARISING OUT OF THE RENDERING OF OR FAILURE TO  
RENDER PROFESSIONAL SERVICES BY ANY PHYSICIAN, DENTIST  
OR NURSE WHILE EMPLOYED BY THE NAMED INSURED TO PROVIDE  
SUCH SERVICES.
  
- 2) EXCLUSION (A) DOES NOT APPLY TO INJURY TO THE EMOTIONS  
OR REPUTATION OF A PERSON ARISING OUT OF THE RENDERING  
OF SUCH SERVICES
  
- 3) ~~LIMITS OF LIABILITY 500,000 COMBINED SINGLE LIMIT~~

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

*actual*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

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HARTFORD000492

HFBKPLAN015073

SA 3382

**ADDITIONAL INSURED**  
(Vendors - Broad Form)

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date ..... 12:01 A. M., standard time at the address of the *named insured as stated herein.*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**COMPLETED OPERATIONS AND PRODUCTS LIABILITY INSURANCE**

It is agreed that the "Persons Insured" provision is amended to include any person or organization (herein referred to as "Vendor") as an Insured but only with respect to the distribution or sale in the regular course of the Vendor's business of the Named Insured's products subject to the following additional provisions:

1. The insurance with respect to the Vendor does not apply to:
  - (a) any express warranty unauthorized by the Named Insured;
  - (b) bodily injury or property damage arising out of
    - (i) any physical or chemical change in the form of the product made intentionally by the Vendor,
    - (ii) repacking, unless unpacked solely for the purpose of inspection, demonstration, testing or the substitution of parts under instruction from the manufacturer and then repacked in the original container,
    - (iii) demonstration, installation, servicing or repair operations, except such operations performed at the Vendor's premises in connection with the sale of the product, or
    - (iv) products which after distribution or sale by the Named Insured have been labeled or relabeled or used as a container, part or ingredient or any other thing or substance by or for the Vendor.

2. The insurance does not apply to any person or organization, as insured, from whom the Named Insured has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form L-3239-0 Printed in U.S.A. 10-68 (NBCU: G-113)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

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HARTFORD000493

HFBKPLAN015074

SA 3383

**Mexican Endorsement**



It is agreed that such insurance as is afforded by the policy also applies while the automobile is being operated in the Republic of Mexico for a period not exceeding ten days at any one time, provided that, while the automobile is being so operated, the insurance shall be excess insurance over any other valid and collectible insurance.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, to which it is attached and takes effect as of the effective date of said policy.

J.H. Scherer  
President

**Warning**

Unless you have automobile insurance written by a Mexican insurance company, you may spend many hours or days in jail, if you have an accident in Mexico. Insurance coverage should be secured from a company licensed under the laws of Mexico to write such insurance in order to avoid complications and some other penalties possible under the laws of Mexico, including the possible impoundment of your automobile.

We suggest that as you approach the border between the United States and Mexico, you contact the nearest Mexican insurance agent in that area. Many of these agents advertise extensively along the highway. They will provide you with information and advice leave to your good judgment and discretion the reputability of the agent you contact. Please make arrangements to obtain a complete and accurate copy of the policy.

A-2036-3 Printed in U. S. A.

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**HARTFORD000494**

**HFBKPLAN015075**

**SA 3384**

AUTOMOBILE

**PROTECTION AGAINST UNINSURED MOTORISTS INSURANCE  
(NEW JERSEY)**

This endorsement forms a part of the policy issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.

**SCHEDULE**

Designated Insured	Advance Premium	Limits of Liability
	Included	Bodily Injury Liability: 13 thousand dollars each person 30 thousand dollars each accident Property Damage Liability: 5 thousand dollars each accident

**Description of Insured Highway Vehicles:**

An insured highway vehicle is any highway vehicle registered or principally garaged in New Jersey (1) which is designated by  below or (2) if no  is entered below, which is an owned automobile under Section I of the policy.

- A private passenger automobile owned by the named insured
- Owned by the named insured
- Designated in the declarations of the policy by the letters "UM" and any highway vehicle of the same type ownership of which is acquired during the policy period by the named insured as a replacement therefor
- Any mobile equipment owned by the named insured
- 

In consideration of the payment of premium and subject to all of the provisions of this endorsement and to the applicable provisions of the policy, the company agrees with the named insured as follows:

**I. UNINSURED MOTORISTS COVERAGE***(Damages for Bodily Injury and Property Damage Caused by Uninsured Highway Vehicles)*

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and so if the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury or property damage shall be conclusive as between the insured and the company, or the issue of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

**Exclusions:**

- This insurance does not apply:
  - (a) to bodily injury or property damage with respect to which the insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;
  - (b) to bodily injury of an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative residing in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
  - (c) to property contained in or struck by a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative residing in the same household as the named or designated insured, but this exclusion does not apply to property of the insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
  - (d) to property or property damage liability stated in the schedule is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident;
  - (e) to the first \$100 of the amount of property damage to the property of each insured as the result of any one accident;
  - (f) so as to insure directly or indirectly to the benefit of any insurer of property;
  - (g) to property damage arising out of the ownership, maintenance or use of a hit-and-run vehicle.

**II. PERSONS INSURED**

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

**III. LIMITS OF LIABILITY**

Regardless of the number of insureds under this insurance, the company's liability is limited as follows:

- (a) The limit of bodily injury liability stated in the schedule as applicable to "each person" is the limit of the company's liability for all damages because of bodily injury sustained by one person as the result of any one accident and, subject to the above provisions respecting "each person", the limit of liability stated in the schedule as applicable to "each accident" is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident;
  - (b) The limit of property damage liability stated in the schedule is the total limit of the company's liability for all damages because of property damage to all property owned or more likely to be owned by the company or its employees or agents or by any person or organization qualifying as a self insurer under any workers' compensation or disability benefits law or any similar law;
  - (c) to the first \$100 of the amount of property damage to the property of each insured as the result of any one accident;
  - (d) so as to insure directly or indirectly to the benefit of any insurer of property;
  - (e) to property damage arising out of the ownership, maintenance or use of a hit-and-run vehicle.
- Insured shall be reduced by:
- (1) all sums paid on account of such bodily injury or property damage by or on behalf of:
    - (a) the owner or operator of the uninsured highway vehicle and
    - (b) any other person or organization jointly or severally liable together with such owner or operator for such bodily injury or property damage;
  - (2) the amount paid and the present value of all amounts payable on account of such bodily injury under any workers' compensation law, disability benefits law or any similar law.
- (4) Any payment made under this insurance to or for any insured shall be applied in reduction of the amount of damages which he may be entitled to recover from any person insured under the bodily injury or property damage liability coverage of the policy.
- (5) The company shall not be obligated to pay under this insurance to the party of the damages which the insured may be entitled to recover from the owner or operator of an uninsured highway vehicle which represents expenses for medical services paid or payable under the medical payments or personal injury protection coverage of the policy or which represents loss paid or payable to the insured under any automobile physical damage insurance of the policy.

**IV. POLICY PERIOD; TERRITORY**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

**V. ADDITIONAL DEFINITIONS**

When used in reference to this insurance (including endorsements forming a part of the policy):

"bodily injury" means bodily injury, sickness or disease, including death, sustained by an insured under (a) or (b) of the Persons Insured provision; "designated insured" means an individual named in the schedule under Designated Insured and also includes his spouse, if a resident of the same household;

"highway vehicle" means a land motor vehicle or trailer other than:

- (a) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads;
- (b) a vehicle while located for use as a residence or premises;

"hit-and-run vehicle" means (i) a highway vehicle which causes an accident resulting in bodily injury to an insured arising out of physical contact of such vehicle with the insured or with a vehicle which the insured is occupying at the time of the accident, or (ii) a highway vehicle which without physical contact with the insured or with a vehicle which the insured is occupying at the time of the accident causes bodily injury to an insured arising out of an accident in New Jersey, provided:

- (a) the insured or someone in his behalf shall have reported the accident within 48 hours to a police, peace or judicial officer or to the Commissioner of Motor Vehicles, and shall have filed with the company within 30 days thereafter a statement under oath that the insured or his legal representative has a cause or causes of action arising out of such accident for damages against a person or persons whose identity is unascertainable, and setting forth the facts in support thereof; and

- (b) at the company's request, the insured or his legal representative makes available for inspection the vehicle which the insured was occupying at the time of the accident; and

- (c) the company respects the limitation (ii) the facts of such accident can be corroborated by competent evidence other than the testimony of any person having a direct interest in this or any other similar interest in the result of such accident.

"insured highway vehicle" means a highway vehicle:

- (a) described in the schedule as an insured highway vehicle to which the bodily injury and property damage liability coverage of the policy applies;
- (b) while temporarily used as a substitute for an insured highway vehicle as described in subparagraph (a) above, when withdrawn from service use because of its breakdown, repair, servicing, loss or destruction;

(c) while being operated by the named or designated insured or by the spouse of either or any other member of his household;

but the term "insured highway vehicle" shall not include:

- (i) a vehicle while used as a public or library conveyance, unless such use is specifically authorized by the company;
- (ii) a vehicle while being used without the permission of the owner;

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HARTFORD000495

HFBKPLAN015076

SA 3385

(iii) under subparagraphs (b) and (c) above, a vehicle owned by the named insured, any designated insured or any resident of the same household as the named or designated insured; or  
 (iv) under subparagraphs (b) and (c) above, a vehicle furnished for the regular use of the named insured or any resident of the same household;  
 "named insured" means the individual named in Item 1 of the declarations and also includes his spouse, if a resident of the same household;  
 "occupying" means in upon or entering into or alighting from;  
 "property damage" means injury to or destruction of (i) so insured highway vehicle owned by the named insured or his spouse, if a resident of the same household, (ii) any property owned by an insured under (a) or (b) of the Persons Insured provision while contained in such insured highway vehicle; and  
 (iii) any property owned by an insured under (a) or (b) of the Persons Insured provision while contained in any insured highway vehicle;  
 "state" includes the District of Columbia, a territory or possession of the United States, and a province of Canada;  
 "uninsured highway vehicle" means:  
 (a) a highway vehicle with respect to the ownership, maintenance or use of which there is, in at least the amounts specified by the financial responsibility law of the state in which the insured highway vehicle is principally garaged, no bodily injury and property damage liability bond or insurance policy applicable at the time of the accident with respect to any person or organization legally responsible for the use of such vehicle, or  
 with respect to which there is a bodily injury and property damage liability bond or insurance policy applicable at the time of the accident but the company writing the same does not cover thereunder or is otherwise insufficient; or  
 (b) a motor vehicle, but only with respect to bodily injury caused thereby;  
 (c) an uninsured highway vehicle;  
 (d) a highway vehicle which is owned or operated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor carrier law or any similar law;  
 (e) a highway vehicle which is owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any of the foregoing.

#### **VI. ADDITIONAL CONDITIONS**

##### **A. Policy Provisions.**

None of the Insuring Agreements, Exclusions, Conditions or other provisions of the policy shall apply to the insurance afforded by this endorsement except the Conditions "Notice" for "Notice of Accident" or "Insured's Duties in Event of Occurrence, Claim or Suit", "Changes," "Assignment," "Cancellation" and "Declarations".

##### **B. Premium.**

If during the policy period the number of insured highway vehicles owned by the named insured or spouse or the number of dealer's license plates issued to the named insured shall notify the company during the policy period of any change and the premium shall be adjusted in accordance with the manuals in use by the company. If the earned premium thus computed exceeds the advance premium paid, the named insured shall pay the excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

##### **C. Proof of Claim.**

As soon as practicable, the insured or other person making claim shall give to the company written proof of claim, under oath if required, including full particulars concerning the nature of the accident, treatment and other details relating to the determination of the amount payable hereunder. The insured and every other person making claim hereunder shall submit to examinations under oath by any person named by the company and subscribe the same, as often as may reasonably be required. Proof of claim shall be made upon forms furnished by the company unless the company shall have failed to furnish such forms within 15 days after receiving notice of claim.

The injured person shall submit to physical examinations by physicians selected by the company when and as often as the company may reasonably require and he, or in the event of his incapacity his legal representative, or in the event of his death his legal representative or the person or persons entitled to sue therefor, shall upon each request from the company execute authorization to enable the company to obtain medical reports and copies of records.

The insured or other person making claim for damage to property shall file proof of loss with the company within sixty days after the occurrence of loss, unless such time is extended at written agreement. In the form of a sworn statement setting forth the interest of the insured and of all others in the property affected, any contribution thereto, the actual cash value thereof at time of loss, the amount, place, time and cause of such loss, and the description and amounts of all other insurance covering such property. Upon the company's request, the insured shall exhibit the damaged property to the company.

##### **D. Assistance and Cooperation of the Insured.**

After notice of claim under this insurance, the company may require the insured to take such action as may be necessary or appropriate to preserve his right to recover damages from any person or organization alleged to be legally responsible for the bodily injury or property damage, and in any action against the company, the company may require the insured to join such person or organization as a party defendant.

##### **E. Notice of Legal Action.**

If, before the company makes payment of loss hereunder, the insured or his legal representative shall institute any legal action for bodily injury or property damage against any person or organization legally responsible for the use of a highway vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded immediately to the company by the insured or his legal representative.

##### **F. Other Insurance.**

With respect to bodily injury to an insured while occupying a highway vehicle not owned by the named insured, this insurance shall apply only as excess insurance over any other similar insurance available to such insured and applicable to such vehicle as primary insurance, and this insurance shall then apply only in the amount by which the limit of liability of this insurance exceeds the applicable limit of liability of such other insurance. Except as provided in the preceding paragraph, if the insured has other similar insurance available to him and applicable to the accident, the damage shall be determined and assessed the extent of the applicable limits of liability of this insurance and such other insurance, and the company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this insurance and such other insurance.

With respect to property damage, the insurance hereunder shall apply only as excess insurance over any other valid and collectible insurance of any kind applicable to such property damage, and this insurance shall apply only to the amount by which the limit of liability for this coverage exceeds the amount recoverable under such other insurance.

##### **G. Arbitration.**

If any person making claim hereunder and the company do not agree that such person is legally entitled to recover damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage to the person or to the property, or do not agree as to the amount of payment which may be owing under this insurance, then, upon written agreement between them, upon the demand of either the insured or the company to do so, they shall be settled by arbitration, which shall be conducted in accordance with the rules of the American Arbitration Association unless other means of conducting the arbitration are agreed upon between the insured and the company, and judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. Such person and the company each agree to consider their bound and to be bound by any award made by the arbitrators pursuant to this insurance.

##### **H. Trust Agreement.**

In the event of payment to any person under this insurance:

- the company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any right of recovery of such person against any person or organization legally responsible for the bodily injury or property damage because of which such payment is made;
- such person shall hold in trust for the benefit of the company all rights of recovery which shall have against such other person or organization because of the same cause of action as the rights of claim under this insurance;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- if requested in writing by the company, such person shall take, through any representative designated by the company, such action as may be necessary or appropriate to recover such payment as damages from such other person or organization, such action to be taken in the name of such person; if the event of a recovery, the company shall be reimbursed out of such recovery for expenses, costs and attorneys' fees incurred by it in connection therewith;
- such person shall execute and deliver to the company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the company established by this provision.

##### **I. Payment of Loss by the Company.**

Any amount due hereunder is payable:

- to the insured;
- if the insured is a minor to his parent or guardian, or
- if the insured be deceased to his surviving spouse, otherwise;
- to a person authorized by law to receive such payment or to a person legally entitled to recover the damages which the payment represents, provided, the company may at its option pay any amount due hereunder in accordance with division (d) hereof.

##### **J. Action Against Company.**

No action shall lie against the company unless, as a condition precedent thereto, the insured or his legal representative has fully complied with all the terms of the policy applicable to this coverage.

K. This endorsement replaces any other provisions of the policy, including any endorsement forming a part thereof, affording similar insurance with respect to any damages arising out of the ownership, maintenance or use of an uninsured vehicle or a hit-and-run vehicle.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



Form A-2993-0 Printed in U.S.A. 11-72 (ED-A914a)

The company retains these documents for business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

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**HARTFORD000496**

**HFBKPLAN015077**

**SA 3386**

**AMENDMENT - LIMITS OF LIABILITY  
(Single Limit)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

*Comprehensive Automobile Liability Insurance*

**SCHEDULE**

Coverages	Limits of Liability
<u>Bodily Injury Liability and Property Damage Liability</u>	\$ 500,000 each <u>Person</u>
	\$ 500,000 aggregate <u>NOTE</u>

It is agreed that provisions of the policy captioned "LIMITS OF LIABILITY" relating to bodily injury liability and property damage liability are amended to read as follows:

**LIMITS OF LIABILITY**

Regardless of the number of (1) insureds under this policy, (2) persons or organizations who sustain bodily injury or property damage, (3) claims made or suits brought on account of bodily injury or property damage or (4) automobiles or units of mobile equipment to which this policy applies, the company's liability is limited as follows:

Bodily Injury Liability and Property Damage Liability:

- (a) The limit of liability stated in the schedule as applicable to "each occurrence" is the total limit of the company's liability for all damages because of bodily injury or property damage as a result of any one occurrence, provided that with respect to any occurrence for which notice of this policy is given in lieu of security or when this policy is certified as proof of financial responsibility under the provisions of the Motor Vehicle Financial Responsibility Law of any state or province such limit of liability shall be applied to provide the separate limits required by such law for bodily injury liability and property damage liability to the extent of the coverage required by such law, but the separate application of such limit shall not increase the total limit of the company's liability.
- (b) For the purpose of determining the limit of the company's liability, all bodily injury and property damage arising out of continuous or repeated exposure to substantially the same general conditions shall be considered as arising out of one occurrence.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

*ALFOB*

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000497

HFBKPLAN015078

SA 3387

11-18-AUD. ALSON &amp; ALLEN, INC. 250480



THE HARTFORD

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

This endorsement forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA.

NORTH BRUNSWICK, NJ.

Effective date..... **10-22-75.**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following items as are indicated by :

## Item

- 1. The named insured's NAME is amended to read .....
- 2. The named insured's ADDRESS is amended to read .....
- 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- 4. The CLASSIFICATION for the Automobile designated herein is .....  5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

## X6. Automobile(s) ADDED

Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	Purpose of Use	Rating Classification
75 DODGE P/U D11BE55164505.	GVM3145			HENDHAM, NJ	C	034986
						1.40

LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

*over entered*

T-25

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy; as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value	PREMIUMS			
★ Incl'd	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 500,000 each person	\$ 95	\$ 19	\$
				\$ 500,000 each occurrence			
			Medical Payments	\$ 5000 each person	\$ 26	\$ 5	\$
			Property Damage Liability	\$ 500,000 each occurrence	\$ 87	\$ 17	\$
				\$ 15,000 each person			
			Uninsured Motorists	\$ 30,000 each accident	\$ 2	\$	\$
				\$ ACV unless amount stated			
			Comprehensive	less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

The company located the documents in its

TOTALS \$ 210

NET ADDITIONAL OR RETURN

NOTICE THAT CERTAIN THOSE COVERAGES ARE NOT APPLICABLE TO THIS POLICY

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent (noted) of the policy.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

HARTFORD000498

CONFIDENTIAL  
Confidential - Subject to Protective  
Order

HFBKPLAN015079

SA 3388

A/P \$61.00

10/21/RM WILSON & ALLEN INC 250480

AP-61.00

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 8/31/75 - 1/1/76

Named Insured and Address

BOY SCOUTS OF AMERICA  
NORTH BRUNSWICK, N.J.

12:01 A. M., standard time at the address of the *named insured* as stated herein.

THIS ENDORSEMENT MODIFIES SUCH INSURANCE AS IS AFFORDED BY THE PROVISIONS OF THE POLICY RELATING TO THE FOLLOWING:

AUTOMOBILE PHYSICAL DAMAGE INS.

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON THE ATTACHED SCHEDULE ARE COVERED FOR COMPREHENSIVE ONLY FROM  
8/31/75 TO 1/1/76.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its ~~counterparty~~ business records. At this time, the ~~company~~ does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000499

HFBKPLAN015080

SA 3389

A/P 0.00  
10/21/RM WILSON & ALLEN INC 250480

A.P. 140

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address  
BOY SCOUTS OF AMERICA  
NORTH BRUNSWICK, N.J.

Effective date 6/1/75 TO 8/31/75

12:01 A. M., standard time at the address of the named insured as stated herein.

Statement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON THE ATTACHED SCHEDULE ARE COVERED FOR LIABILITY ONLY.**

ELIGIBLE  
TRY/UNNECESSARY

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
*Countersigned by*  
business records. At this time, the ~~company~~ *does not certify* that these documents constitute  
a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective  
Order

HARTFORD000500

HFBKPLAN015081

SA 3390

10/21/RM WILSON & ALLEN INC 250480

R/P \$198.00

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address  
**BOY SCOUTS OF AMERICA**  
**NORTH BRUNSWICK N.J.**

1/1/75

Effective date

12:01 A. M., standard time at the address of the *named insured* as stated herein.

The endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES BELOW, COMPREHENSIVE COVERAGE ARE DELETED :

#	Vehicle Description	COMP
23	72 CHEV CARRYALL #CCE262F174138	28.00
24	72 CHEV CARRYALL #CCE262F162143	28.00
25	73 CHEV CARRYALL #CCZ263F171514	52.00
26	73 CHEV CARRYALL #CCZ263F171671	52.00
27	71 CHEV CARRYALL #CS261F650350	38.00
		\$198.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000501

HFBKPLAN015082

SA 3391

10/21/RM WILSON & ALLEN INC 250480

## Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **OC A83342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**6/1/75 TO 8/31/75**  
Effective date.....  
12:01 A. M., standard time.



**THE HARTFORD**

**As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charge.** The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this Insurance having reference thereto.

\*Not Available in California. \*P & R = Pleasure and Business; C = Commercial

**LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.**

The company keeping these documents in its  
business records. At this time, the company  
also made known that it would furnish  
a complete and accurate copy of the policy.

A-3473-3 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000502

**Confidential - Subject to Protective Order**

HFBKPLAN015083

SA 3392

**Schedule of Automobiles and Covered Automobiles**

10/21/RM WILSON &amp; ALLEN INC 250480

This Schedule forms a part of Policy No. C A43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 8/31/75-1/1/76  
12:01 A.M., standard time

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. - Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages			Physical Damage Coverages			Automobile Premium
						Bl Lab. Pres.	PD Lab. Pres.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or ACV (Actual Cash Value)	Defect. able if any	Rates	
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or ACV (Actual Cash Value)	Defect. able if any	Rates	
18	74 CHEV CARRYALL CCZ264F178865			C		\$	\$	0	\$	\$	\$ 18.00	
	ORRINGTON, MAINE	10	5CA	5000		\$	\$		\$	\$	\$	
23	72 CHEV CARRYALL CCE262F174138			C		\$	\$	0	\$	\$	\$ 7.00	
	ORRINGTON, MAINE	10	5CA	3700		\$	\$		\$	\$	\$	
24	72 CHEV CARRYALL CCE262F162143			C		\$	\$	0	\$	\$	\$ 7.00	
	ORRINGTON MAINE	10	5CA	3700		\$	\$		\$	\$	\$	
25	73 CHEV CARRYALL CCZ263F171514			C		\$	\$	0	\$	\$	\$ 10.00	
	ORRINGTON MAINE	10	5CA	4000		\$	\$		\$	\$	\$	
26	73 CHEV CARRYALL CCZ263F17143			C		\$	\$	0	\$	\$	\$ 10.00	
	ORRINGTON MAINE	10	5CA	4000		\$	\$		\$	\$	\$	
27	71 CHEV CARRYALL CS261F650350			C		\$	\$	0	\$	\$	\$ 9.00	
	ORRINGTON, MAINE		5CA	4252		\$	\$		\$	\$	\$	
						\$	\$		\$	\$	\$	
						\$	\$		\$	\$	\$	
(Not Available in California. *P & B = Pleasure and Business; C = Commercial LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO. No.   Name and Address of Loss Payee												
TOTAL												\$ 61.00
THE COMPANY ISSUES THESE DOCUMENTS IN ITS BUSINESS MANNER. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.												

P/R.337

A-3471-0 Printed in U.S.A.

Schedule of Automobiles

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000503

HFBKPLAN015084

SA 3393

6-18- AVD. WILSON & ALLEN, INC. 250480.



**THE HARTFORD**

## **Change, Elimination or Addition of Automobile Change of Coverage – Amendment of Declarations**

**Named Insured and Address**

10 C AA3342E

## BOY SCOUTS OF AMERICA

**NORTH BRUNSWICK N. J.**

Effective date 5-23-75 TO 8-23-75.

12:01 A. M., standard time at the address of the named insured as stated herein.

.....that the policy is amended, with respect only to such of the following items as are indicated by ☒:

~~sured's NAME~~ is amended to read

**sured's ADDRESS is amended to read**

3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.

4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows:

5. **Automobiles DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

**6. Automobile(s) ADDED —**

\*Purposes of Use A = Pleasure and Business; C = Commercial)

Tear Model Trade Name	Body Type - Truck Size (Truck Load, Gullionage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
	<del>75 FORD P/U F100 5510GPW60215</del>			<del>ELY MINN</del>	<del>C</del>	<del>6-07</del>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy, such amendments apply only with respect to the following automobile(s): \_\_\_\_\_.

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value	/	PREMIUMS		
*Include	*Delete	*Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person \$ 500,000 each occurrence	\$ 39	\$ 10	\$
			Medical Payments	\$ 500 each person			
			Property Damage Liability	\$ 500,000 each occurrence			
X				\$ 500,000 each person	20	5	\$
X			Uninsured Motorists	\$ 10,000 each accident	\$	\$	\$
			Comprehensive	\$ 20 ACV unless amount stated less \$ deductible	3	3	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
X			PIP		\$ 5	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend as to any other class of risks or to other events than those  
than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

A-3469-9 Printed in U.S.A.

Countersigned by

*Authorized Agent*

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000504

HERKPLAN015085

**SA 3394**

6-18-AVD. WILSON &amp; ALLEN, INC. 250480.

A/P 546.00

## Named Insured and Address

This endorsement forms a part of Policy No. 10-6-044308E issued by THE HARTFORD INSURANCE GROUP Company, named therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA.  
NORTH BRUNSWICK, N.J.**

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.  
**6-6-75.**

Modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE.**

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED BELOW ARE COVERED FOR LIABILITY ONLY, GARAGE BOULDERJUNCT, WISCONSIN, T-09.

#28 1969 CHEV CARRYALL	CE168F173539
#29 1965 CHEV CARRYALL	C1465F143668
#30 1961 CHEV CARRYALL	1C146J118947
#31 1952 WILLYS JEEP	7815
#32 1963 CHEVPKUP	C254F126644
#33 1969 FORD PRUP	F108LF12655

## ANNUAL PREM.

	BI	PD	UM	MP	A/P	BI	PD	UM	MP
#28	123.00	47.00	3.00	19.00	71.00		27.00	2.00	11.00
#29	123.00	47.00	3.00	19.00	71.00		27.00	2.00	11.00
#30	123.00	47.00	3.00	19.00	71.00		27.00	2.00	11.00
#31	123.00	47.00	3.00	19.00	71.00		27.00	2.00	11.00
#32	42.00	26.00	3.00	17.00	24.00		15.00	2.00	10.00
#33	42.00	26.00	3.00	17.00	24.00		15.00	2.00	10.00
	<b>576.00</b>	<b>240.00</b>	<b>18.00</b>	<b>\$10.00</b>	<b>332.00</b>		<b>138.00</b>	<b>12.00</b>	<b>64.00</b>

P/R .578

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-8 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its historical records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000505

Confidential - Subject to Protective Order

HFBKPLAN015086

SA 3395

6/18/AVD. WILSON &amp; ALLEN INC. 250480.



THE HARTFORD

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

Named Insured and Address

BOY SCOUTS OF AMERICA.

NEW BRUNSWICK, NEW JERSEY.

This endorsement forms a part of Policy No. 10 C A43342 E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Effective date. 6-10-75 TO 9-10-75.

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following items as are indicated by :

## Item

 named insured's NAME is amended to read named insured's ADDRESS is amended to read SCHEDULE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement. CLASSIFICATION for the Automobile designated herein is amended to read as follows: 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

 6. Automobile(s) ADDED

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 CHEV.				AS ABOVE.	C	PPT-40

List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:
7,000				

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy, having reference thereto.

★(Insert X in applicable column)	COVERAGES			ACV means Actual Cash Value	PREMIUMS		
	★Include	★Delete	★ Amend Limits	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X				\$ 500,000 each person			
X				\$ 500,000 each occurrence	\$ 103	\$ 26	\$
X				\$ 5000 each person	\$ 1	\$ NC	\$
X				\$ 500,000 each occurrence	\$ 53	\$ 13	\$
X				\$ 15,000 each person			
X				\$ 30,000 each accident	\$ 2	\$ 3	\$
X				\$ ACV unless amount stated			
X				less \$ deductible	\$ 62	\$ 16	\$
X				ACV less \$ deductible	\$	\$	\$
X				\$ ACV unless amount stated	\$	\$	\$
X				\$ ACV unless amount stated	\$	\$	\$
X				\$ ACV unless amount stated	\$	\$	\$
X				\$ each disablement	\$	\$	\$
					\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms and conditions of the policy, except as herein specifically set forth.

THIS ENDORSEMENT IS NOT A PART OF THE POLICY, BUT IS AN ATTACHMENT THERETO.

IT IS MADE A PART OF THE POLICY BY ATTACHING IT TO THE POLICY.

A COMPLETE AND ACCURATE COPY OF THE POLICY IS MAINTAINED IN THE COMPANY'S OFFICES.

A-3459-0 Printed in U.S.A.

Counter-signed by.....

Authorized Agent

CONFIDENTIAL

HARTFORD000506

Confidential - Subject to Protective  
Order

HFBKPLAN015087

SA 3396

6-18/AVD.

WILSON &amp; ALLEN INC. 250480.

R/P 53.00

## Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA  
NORTH BRUNSWICK, N.J.**

Effective date **6-4-75**, 12:01 A.M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE.**

**IT IS HEREBY UNDERSTOOD AND AGREED AUTOMOBILE PHYSICAL DAMAGE ARE ELIMINATED FOR THE FOLLOWING VEHICLES DESCRIBED BELOW-COMPREHENSIVE.**

			ANNUAL PREMIUM	R/P
#28	1969 CHEV CARRYALL	CE168F173539	19.00	11.00
#29	1965 CHEV CARRYALL	CT465F143668	19.00	11.00
#30	1961 CHEV CARRYALL	TC146J18947	19.00	11.00
#31	1952 WILLYS JEEP	7815	19.00	11.00
#32	1963 CHEV P/U	C254F126644	7.00	4.00
#33	1969 FORD P/U	F10BLF12655	9.00	5.00
			<b>92.00</b>	<b>53.00</b>

**GARAGE BOULDER JUNCT. WISCONSIN.**

P/R .578

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its historical records. At this time the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000507

HFBKPLAN015088

SA 3397

**6-18-AVD. WILSON & ALLEN, INC. 250480.**  
**Change, Elimination or Addition of Automobile  
 Change of Coverage — Amendment of Declarations**



**THE HARTFORD**

This endorsement forms a part of Policy No. **10 C A43342E**  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA.**

**NORTH BRUNSWICK, NEW JERSEY.**

Effective date..... **5-1-75.**

12:01 A. M., standard time at the address of the *named insured* as stated herein.

policy is amended, with respect only to such of the following items as are indicated by :

- 1. The *named insured's* NAME is amended to read .....
- 2. The *named insured's* ADDRESS is amended to read .....
- 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallowage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallowage Bus Seating Capacity)	Identification No.

**X** 6. Automobile(s) ADDED —

\*Purposes of Use (I = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallowage Bus Seating Capacity)	Identification No.	No. of Cyl. Model	Principally Garaged In (Town, State)	Purpose of Use	Rating Classification
	<b>75 CHEVY SPORTVAN 8 CYL CGY3654118766</b>			<b>ORRINGTON ME</b>	<b>PGB</b>	<b>PPT</b>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

**T-10**

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value	PREMIUMS			
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 500,000 each person	\$ 82	\$ 55	\$
X			Medical Payments	\$ 500 each occurrence	\$ 17	\$ 11	\$
X			Property Damage Liability	\$ 5000 each occurrence	\$ 52	\$ 35	\$
X			Uninsured Motorists	\$ 10,000 each person	\$ 3	\$ 2	\$
			Comprehensive	\$ 20 ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ / ACV unless amount stated	\$	\$	\$
			Theft	\$ / ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$

The company reserves the right to disclaim in its sole discretion, any additional or other liability which may arise.

Nothing herein contained shall be held to vary, ~~or to extend~~, ~~or to amend~~ any provision of the policy or declaration of the named insured, except as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

A complete and accurate copy of the policy.

Countersigned by .....

Authorized Agent

A-3459-0 Printed in U.S.A.

HARTFORD000508

CONFIDENTIAL  
 Confidential - Subject to Protective  
 Order

HFBKPLAN015089

SA 3398

6-18-AVD. WILSON & ALLEN, INC 250480

R/P \$28.00

This endorsement forms a part of Policy No. 10 C A43342 E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA,  
NORTH BRUNSWICK, NEW JERSEY.

Effective date.....

5-1-75 12:01 A. M., standard time at the address of the *named insured* as stated herein.

Modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY.

IT IS HEREBY UNDERSTOOD AND AGREED ENDORSEMENT TYPE 5-29 AND C/S DAG IS CANCELLED & VOID.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0 A Printed in U. S. A. 10-66 NBCU:

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000509

HFBKPLAN015090

SA 3399

6-18-VB AVD. WILSON & ALLEN, INC. 250480.

Named Insured and Address

This endorsement forms a part of Policy No. **TO C A43342 E.** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA**

**NORTH BRUNSWICK, NEW JERSEY.**

Effective date **1-1-75**..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IT IS HEREBY UNDERSTOOD AND AGREED THAT THE GENERAL LIABILITY COMPOSITE RATE IS BASED ON PER \$100.00 OF WORKMEN'S COMPENSATION PAYROLL IN LIEU OF TOTAL PAYROLL.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000510

HFBKPLAN015091

SA 3400

6/18/AUD WILSON & ALLEN, INC 250480.

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**,  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA.**

**NORTH BRUNSWICK, NEW JERSEY.**

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE.**

**IT IS HEREBY UNDERSTOOD AND AGREED THAT THE FOLLOWING VEHICLE DESCRIBED  
BELOW IS ADDED TO POLICY.**

**NO PREMIUM CHANGE**

**1973 INTERNATIONAL FOUR-DOOR CARRYALL 3H0H0CH855064.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000511

HFBKPLAN015092

SA 3401

**5-29-DAG**  
**WILSON & ALLEN INC 0480**



**THE HARTFORD**

**Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations**

This endorsement forms a part of Policy No. **10 C A43342E**  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK, N.J.**

Effective date **5-1-75**

12:01 A. M., standard time at the address of the named insured as stated herein.

That the policy is amended, with respect only to such of the following items as are indicated by :

Insured's NAME is amended to read \_\_\_\_\_

Insured's ADDRESS is amended to read \_\_\_\_\_

**COVERAGE** — The insurance afforded is amended as indicated by entry in the **SCHEDULE** of this endorsement.

4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows:

5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyl. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
1975 CHEVY SPORTVAN 8 CYL #CGT3654118766	CIMARRON	PBB				
	NEW MEXICO					
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named Insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

**T-06**

**SCHEDULE**

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

<b>*(Insert X in applicable column)</b>			<b>ACV means Actual Cash Value</b>		<b>PREMIUMS</b>			
<b>Include</b>	<b>*Delete</b>	<b>*Amend Limits</b>	<b>COVERAGES</b>		<b>LIMITS OF LIABILITY</b>	<b>ANNUAL</b>	<b>ADDITIONAL</b>	<b>RETURN</b>
X			Bodily Injury Liability		\$ 500 /1,000 each person	\$ 13.00	9.00	
X			Medical Payments		\$ 5000 /each occurrence	\$ 19.00	13.00	
X			Property Damage Liability		\$ 500 /1,000 each occurrence	\$ 4.00	3.00	
X			Uninsured Motorists		\$ 10,000 each person			
			Comprehensive		ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision		ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation		ACV unless amount stated	\$	\$	\$
			Theft		ACV unless amount stated	\$	\$	\$
			Combined Additional		ACV unless amount stated	\$	\$	\$
			Towing		each disablement	\$	\$	\$
						\$	\$	\$
						\$	\$	\$

The company reserves the right to cancel or change any coverage in its discretion without notice.

Nothing herein contained shall be held to vary, waive, alter, or extend any coverage not specifically mentioned above or otherwise contained in this endorsement. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company and a complete and accurate copy of the policy.

A-3459-0 Printed in U.S.A.

Countersigned by \_\_\_\_\_

Authorized Agent

**CONFIDENTIAL**

**HARTFORD000512**

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Order

**HFBKPLAN015093**

**SA 3402**

5/6/RM WILSON & ALLEN INC 250480

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, N J

Effective date

1/1/75

12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

**TIT IS AGREED THAT THE ATTACHED SCHEDULES IS FORMING PART OF THE  
CAPTIONED POLICY AND PREMIUM SHOULD READ AS STATED BELOW:**

BI - \$598.00

PD - 184.00

MP - 228.00

UM - 230.00  
**\$1240.00**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000513

HFBKPLAN015094

SA 3403

5/6/RM WILSON & ALLEN INC 250480

RP \$8683.00

Named Insured and Address

10 C A43342E { BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

1/1/75 Effective date

12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

**IT IS AGREED ENDORSEMENT EFFECTIVE 1/1/75 AND COUNTERSIGNED**

**3/24 FC IS CONSIDERED NULL & VOID.**

*[Handwritten signatures and initials over the signature block]*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000514

HFBKPLAN015095

SA 3404

S/6/RM WILSON &amp; ALLEN INC 250480

Premium Installment



THE HARTFORD

## Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**  
issued by THE HARTFORD INSURANCE GROUP company  
designated therein, and takes effect as of the effective date of  
said Policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK, N J**

Effective date..... **1/1/75**..... 12:01 A. M., standard time at the address of the  
named insured as stated herein.

**1,240.00**

It is hereby understood and agreed that the **ADDITIONAL** Premium of \$.....  
(Insert "original" or "additional" or "return")  
will **BE PAYABLE IN** **ELEVEN** installments as outlined in "Schedule of Payments."

## SCHEDULE OF PAYMENTS

NO.	DUUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE LIABILITY EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE LIABILITY AUTO	AUTO PHYSICAL DAMAGE	TOTAL
1	<b>1/1/75</b>		<b>120.00</b>		<b>120.00</b>
2	<b>2/1/75</b>		<b>112.00</b>		<b>112.00</b>
3	<b>3/1/75</b>		<b>112.00</b>		<b>112.00</b>
4	<b>4/1/75</b>		<b>112.00</b>		<b>112.00</b>
5	<b>5/1/75</b>		<b>112.00</b>		<b>112.00</b>
6	<b>6/1/75</b>		<b>112.00</b>		<b>112.00</b>
7	<b>7/1/75</b>		<b>112.00</b>		<b>112.00</b>
8	<b>8/1/75</b>		<b>112.00</b>		<b>112.00</b>
9	<b>9/1/75</b>		<b>112.00</b>		<b>112.00</b>
10	<b>10/1/75</b>		<b>112.00</b>		<b>112.00</b>
11	<b>11/1/75</b>		<b>112.00</b>		<b>112.00</b>
12					
<b>TOTALS</b>					<b>1,240.00</b>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Courtesy of agency located. This document is a business record. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-57-0 Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000515

HFBKPLAN015096

SA 3405

**Schedule of Automobiles and Covered Automobiles**

This Schedule forms a part of Policy No. **10 C A 342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

**5/6/RM WILSON & ALLEN INC  
250480**

Effective date **1/1/75**  
12:01 A. M. standard time.



Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Galleage Bus Seating Capacity	Identification No. (I) Serial No. (S) Meter No. (M)	*Purpose of Use	Purchased Mn./Yr. New/Used	Casualty Coverage				Property Damage Coverage			
						BL Lab. Prem.	PD Lab. Prem.	Nm. Call. Cov. (Initial Applicable Symbols)	Acc. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each cov- ered auto- mobile)	Typical Labor Costs
						Original Cost New or Rating Symbol	Uninsured Motorist Premium	Call. Cov. (Later Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium	
1	1970 FORD P/K #FI1YRH14157					\$13.00	\$4.00			S	S	S	\$
	CIMARRON N.M.	06	109-Truck			\$	\$	5.00		S	S	S	\$
2	1966 FORD P/K #FI1YK806236					\$13.00	\$4.00			S	S	S	\$
	CIMARRON N.M.	06				\$	\$	5.00		S	S	S	\$
3	1962 INT'L CB #FD5671F					\$13.00	\$4.00			S	S	S	\$
	CIMARRON N.M.	06				\$	\$	5.00		S	S	S	\$
4	1967 CHEV P/K #KS1475149629					\$13.00	\$4.00			S	S	S	\$
	CIMARRON, N.M.	06				\$	\$	5.00		S	S	S	\$
5	1972 FORD 6DR #2G61F244793					\$13.00	\$4.00			S	S	S	\$
	CIMARRON N.M.	06				\$	\$	5.00		S	S	S	\$
6	1972 FORD P/K #F26YRN8913					\$13.00	\$4.00			S	S	S	\$
	CIMARRON N.M.	06				\$	\$	5.00		S	S	S	\$
7	1973 FORD P/K #F10YRR86280					\$13.00	\$4.00			S	S	S	\$
	CIMARRON N.M.	06				\$	\$	5.00		S	S	S	\$

\*Not Available in California \*P & B - Pleasure and Business; C - Commercial

LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.

No. **CSL 9% (.91) INC.**

**NO FLEET DISC IN NEW MEXICO**

The company expects these documents in its

BUSINESS RECORDS. At the time the company

receives and accepts these documents, it will have a complete and accurate copy of the policy.

A-3471-0 Printed in U.S.A.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000516**

**HFBKPLAN015097**

**SA 3406**

**Schedule of Automobiles and Covered Automobiles**

5/6/RM WILSON &amp; ALLEN INC 250480

This Schedule forms a part of Policy No. 10 C A 4442E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1/1/75

12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallage Res Seating Capacity	Identification No. (I) Serial No. (S) Model No. (M)	Purpose of Use	Purchased New/Vt. New/Used	Casualty Coverages		Physical Damage Coverages		Towing and Labor Costs Automobile				
						RI Lab. Prem.	PD Lab. Prem.	No. Coll. Car. (Insert Applicable Symbols)	Appl. of "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (Each covered automobile)	Premium	
		Location (Town, State)		Rating Territory	Rating Class	Original Coll. New Rating Symbol	Premium	Uninsured Motorist Premium	Coll. Car. (Insert Applicable Symbols)	"ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (Each covered automobile)	Premium
8	1973 FORD P/K #T #FI1YR85820						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
9	1972 FORD P/K #F26YRN89132						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
10	1964 DODGE 4DR #5543275529						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
11	1968 FORD P/K #A101468						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
12	1973 FORD P/K #F00YRR83712						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
13	1973 FORD P/K #FI1YRR85819						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
14	1974 CHEV TRAVELALL #CKY264F179594						\$ 13.00	\$ 4.00			\$	\$	\$	\$
	CIMARRON N.M.	06					\$	\$			\$	\$	\$	\$
(Not Available in California *P & B = Pleasure and Business; C = Commercial LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.						T O	\$ 91.00	\$ 28.00						
No. Name and Address of Loss Payee CSL 9% (911) INCL NO FLEET DISC IN NEW MEXICO						T A	\$	\$						

Schedule of Automobiles

\*Not Available in California \*P &amp; B = Pleasure and Business; C = Commercial

LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (911) INCL  
NO FLEET DISC IN NEW MEXICO

The company reserves these documents in its permanent records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3471-6 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000517

Confidential - Subject to Protective Order

HFBKPLAN015098

SA 3407

5/6/RM WILSON &amp; ALLEN INC 250480

**Schedule of Automobiles and Covered Automobiles**

This Schedule forms a part of Policy No. 10 C A #342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1/1/75

12:01 A. M. standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls./Gross Load Capacity	Identification No. (I) Serial No. (S) Meter No. (M)	Purpose of Use	Purchased New or Used	Casualty Coverages			Physical Damage Coverages			Towing and Delivery Costs	Automobile
						BL Lab. Prem.	PD Lab. Prem.	Nan. Coll. Cov. (Insert Applicable Symbols)	Amt. or (Actual Cash Value)	Deductible if any	Rates		
						Medical Payments	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or (Actual Cash Value)	Deductible if any	Rates		
15	1974 FORD #F28BRU46661					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$19.00	\$5.00		\$	\$	\$	\$	\$
161	1973 FORD CROW/CAB #F25YCS24484					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$	\$	\$5.00	\$	\$	\$	\$	\$
17	1972 FORD 4DR #2G51F244292					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$	\$		\$19.00	\$5.00	\$	\$	\$
18	1958 CHEV P/K #4B58K132267					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$	\$	\$5.00	\$	\$	\$	\$	\$
19	1965 FORD P/K #F10JD698518					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$	\$		\$5.00				
20	1958 CHEV P/K #3A58K131944					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$	\$	\$5.00					
21	1951 CHEV P/K #AVB1091441					\$13.00	\$4.00		\$	\$	\$	\$	\$
	CIMARRON N.M.	06				\$	\$						
						\$	\$	\$5.00					
NOT AVAILABLE IN CALIFORNIA. *P & B = Pleasure and Business; C = Commercial						TOT	\$91.00	\$28.00					
LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.													
No.	Name and Address of Loss Payee												
	CSL 92 (.91) INC NO FLEET DISC 14 NEW MEXICO												

Schedule of Automobiles

(Not Available in California. \*P &amp; B = Pleasure and Business; C = Commercial)

THE COMPANY IS HOLDING THESE DOCUMENTS IN ITS  
BUSINESS RECORDS. AT THE TIME THE COMPANY  
MAKES PAYMENT ON THESE DOCUMENTS, IT WILL  
SEND A COPY OF THIS POLICY TO THE PAYEE.

A-3471-0 Printed in U.S.A.

CONFIDENTIAL

HARTFORD000518

Confidential - Subject to Protective Order

HFBKPLAN015099

SA 3408

**Schedule of Automobiles and Covered Automobiles**

5/6/RM WILSON &amp; ALLEN INC 250480

**THE HARTFORD**

This Schedule forms a part of Policy No. **10 C A 342E**, issued by THE HARTFORD INSURANCE GROUP Company designated thereto, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1/1/75**  
12:01 A. M., standard time.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cylinders and Gears/age Bus Seating Capacity	Identification No. (Social Sec. No.) Motor No. (M)	*Purpose of Use	Purchased M.Y. New/Used	Casualty Coverages			Physical Damage Coverages			Automobile Premium
						BL Lab. Prem.	PD Lab. Prem.	Nex. Coll. Cov. (Insert Applicable Symbols)	Am't of Loss (Actual Cash Value)	Deductible if any	Rates	
						Medical Payments Premium	Uninsured Motorist Premium	Cat. Cor. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)
22	1964 DODGE CB #2261378469					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
23	1972 FORD 4DR #2G51F244293					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
24	1969 MACK TRK #MB403P2177					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
25	1971 FORD CB #F35YKL64826					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
26	1972 FORD P/K #F10YKP24747					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
27	1951 REO TRK #149480					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
28	1969 CHEV P/K #KS169Z848257					\$ 13.00	\$ 4.00		\$	\$	\$	\$
	CIMARRON, N.M.	06				\$	\$		\$	\$	\$	\$
*Not Available in California *P & B = Pleasure and Business; C = Commercial LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.						T O T A L	\$ 51.00	\$ 24.00				
No. 1 Name and Address of Loss Payee	No. 2	\$ 39.00	\$ 15.00									
CSL 9% (.91) INCL												
NO FLEET DISC IN NEW MEXICO												

A complete and original copy of the policy.

A-3471-8 Printed in U.S.A.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000519**

HFBKPLAN015100

**SA 3409**

**Schedule of Automobiles and Covered Automobiles****56/RM WILSON & ALLEN INC 250480**

This Schedule forms a part of Policy No. **10 C A 342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.



Effective date **1/1/75**  
12:01 A. M., standard time.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type : Truck Size No. of Cyls. Gross Load, Galleage Bus Seating Capacity	Identification No. (O Serial No. (S) Motor No. (M))	*Purpose of Use	Purchased New or Used	Casualty Coverages		Physical Damage Coverages				Towing and Labor Cost	Premiums (each covered automobile)	Premiums Automobile
						BI Lab. Prem.	PD Lab. Prem.	Ins. Coll. Cov. (Insert Applicable Symbols)	Am. or (Actual Cash Value)	Deductible if any	Rates			
		Location (Town, State)		Rating Territory		Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium						
29	1971 INT'L DUMP #416060H154330					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
30	1972 FORD 4DR #U156LP28943					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON, N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
31	1961 FORD P/K #F10JD170009					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
32	1972 FORD 2DR #U15GLP28942					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
33	1963 FORD P/R #F10JD420602					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON, N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
34	1972 CHEV 4DR #CKS162F175471					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
35	1972 CHEV 4DR #CKS162F175752					\$13.00	\$ 4.00		\$	\$	\$			\$
	CIMARRON N.M.	06				\$	\$ 5.00		\$	\$	\$			\$
<small>*Not Available in California. P &amp; B = Pleasure and Business; C = Commercial LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO</small>														
No.	Name and Address of Loss Payee					Total	\$ 91.00	\$ 28.00						
	CSL 9% (.91) INC.					Total	\$ 76.00	\$ 34.00						
	NO FLEET DISC IN NEW MEXICO													

The company reserves the right to decline to pay claims arising from loss or damage to the insured automobile which it determines to be due to the willful act of the operator or driver, or to the willful act of any person who has the care, custody or control of the insured automobile. The company reserves the right to decline to pay claims arising from loss or damage to the insured automobile which it determines to be due to the willful act of the operator or driver, or to the willful act of any person who has the care, custody or control of the insured automobile.

A-3471-0 Printed in U.S.A.

CONFIDENTIAL

HARTFORD000520

Confidential - Subject to Protective Order

HFBKPLAN015101

SA 3410

**Schedule of Automobiles and Covered Automobiles****5/6/RM WILSON & ALLEN INC 250480****10 C 3342E****THE HARTFORD INSURANCE GROUP****Effective date****5/1/75****12.01 A. M., standard time.**

This Schedule forms a part of Policy No. **10 C 3342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Made/ Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallons/ Gas Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages				Tow and Roadside Assist	Automobile Premium
						B1 Lhd. Premium	PD Lhd. Premium	Non-Coll. Cov. (Insert Applicable Symbols)	Auto or ACV** (Actual Cash Value)	Deductible If any	Rates		
		Location (Town, State)		Rating Class	Original Cat New Rating Symbol	Medical Payments Premium	Uninsured Material Premium	Coll. Cov. (Insert Applicable Symbols)	Auto or ACV** (Actual Cash Value)	Deductible If any	Rates		
36	1973 FORD P/K #F10WRR86281	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
37	1964 DODGE P/K #1161405724	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
38	1973 FORD FB #F50CVR80490	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
39	1957 CHEV P/K #3A57K123301	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
40	1966 HACK TRK #DM40351033	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
41	1969 FORD CB #F11YKE77849	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
42	1969 FORD CB #F11YKE77848	CIMARRON, N.M.	06			\$13.00	\$4.00	\$	\$	\$	\$		
						\$	\$	\$	\$	\$	\$		
*Not Available in California *P & B = Pleasure and Business; C = Commercial						<b>Total</b>	<b>\$91.00</b>	<b>\$28.00</b>					
LOSS PAYEE -- IDENTIFY BY UNIT OR ENTRY NO.						No.	\$	\$ 38.00					
No. Name and Address of Loss Payee													
ESL 9% (.91) INCL													
NO FLEET DISC IN NEW MEXICO													

Schedule of Automobiles

†Not Available in California \*P &amp; B = Pleasure and Business; C = Commercial

LOSS PAYEE -- IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

ESL 9% (.91) INCL

The company has located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3471-0 Printed in U.S.A.

CONFIDENTIAL

HARTFORD000521

Confidential - Subject to Protective Order

HFBKPLAN015102

SA 3411

**Schedule of Automobiles and Covered Automobiles**

5/6/RM WILSON &amp; ALLEN INC 250486

1/1/75



THE HARTFORD

This Schedule forms a part of Policy No. 10 C A 342E issued by THE HARTFORD INSURANCE GROUP Company, designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyl., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use New/Used	Casualty Coverages			Physical Damage Coverages			Hazard and Labor Costs	Automobile Premium
					SL Lab. Prem.	PD Lab. Prem.	No. C.R. Cov. (Insert Applicable Symbols)	Am't or "ACV" (Actual Cash Value)	Deductible if any	Rates		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost Rating Symbol	Uninsured Motorist Premium	Cal. Cov. (Insert Applicable Symbols)	"ACV" (Actual Cash Value)	Deductible if any	Rates		
43	1969 CHEV 2DR #K5169Z847104	CIMARRON, N.M.	06			\$ 13.00	\$ 4.00		\$	\$	\$	\$
						\$	\$					
						\$ 19.00	\$ 5.00		\$	\$	\$	\$
44	1970 CHEV P/K #134800K188270	CIMARRON, N.M.	06			\$ 13.00	\$ 4.00		\$	\$	\$	\$
						\$	\$					
						\$	\$					
45	1969 FORD S/W #U15FLD86049	CIMARRON, N.M.	06			\$ 13.00	\$ 4.00		\$	\$	\$	\$
						\$	\$					
						\$ 19.00	\$ 5.00		\$	\$	\$	\$
46	1973 FORD 4DR #3P72H152401	CIMARRON, N.M.	06			\$ 13.00	\$ 4.00		\$	\$	\$	\$
						\$	\$					
						\$ 19.00	\$ 5.00		\$	\$	\$	\$
47	1965 CATTLE DEPARTMENT TRAILER #135365	CIMARRON, N.M.	06			MOBILE EQUIPMENT			\$	\$	\$	\$
						\$	\$					
48	1971 DITCHWITCH #8162	CIMARRON, N.M.	06			MOBILE EQUIPMENT			\$	\$	\$	\$
						\$	\$					
49	1974 LIBBYBOY TRAILER #NNF9000037	CIMARRON, N.M.	06			MOBILE EQUIPMENT			\$	\$	\$	\$
						\$	\$					
						\$	\$					
						TOTAL	\$ 52.00	\$ 16.00				
						\$	\$					

(Not Available in California \*P &amp; B = Pleasure and Business; C = Commercial)

LOSS PAYEE -- IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (.91) INCL

The company reserves the right to disclaim its liability for any loss or damage arising from the use of this equipment. All risks are assumed by the company. The company does not certify that these documents constitute a complete and accurate copy of the policy.

SCHEDULE OF AUTOMOBILES

A-3471-0 Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000522

HFBKPLAN015103

SA 3412

## **Schedule of Automobiles and Covered Automobiles**

This Schedule forms part of Policy No. 10 C 3342E issued by H.F. HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

5/6/RM WILSON & ALLER INC 250480

Effective date: **1/1/75**  
12:01 A. M., standard time.



**THE HARTFORD**

**As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.**

**Not Available in California** • P & B = Pleasure and Business; C = Commercial

**LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.**

No. Name and Address of Loss Payee

No. Name and Address of Loss Payee

The company listed these documents in its business reports. At this time, the company does not certify that these documents constitute a complete and accurate record of the policy.

A-3471-9 Printed in U. S. A.

HARTFORD000523

**Confidential - Subject to Protective Order**

HFBKPI AN015104

SA 3413

A/P \$8683.00 3/24/FC/BJ  
WILSON & ALLEN INC. 250480

Named Insured and Address

This endorsement forms a part of Policy No. **10.C.A43342E**,  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
ROUTE #1  
NORTH BRUNSWICK, N. J.**

Effective date..... **1-1-75** ..... 12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

**IT IS AGREED THAT THE ATTACHED SCHEDULE IS FORMING PART OF THE  
CAPTIONED POLICY AND PREMIUM SHOULD READ AS STATED BELOW:**

**B.I. \$4721.00**

**P.D. \$2813.00**

**M.P. 1057.00**

**U.M. 92.00**

**\$8683.00**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
*Countersigned by*  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000524

HFBKPLAN015105

SA 3414

3/24/FC/BJ PAGE #1 WILSON &amp; ALLEN INC, 250480

## Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Lvs., Truck Load, Gaffage Bus Seating Capacity	Identification No. (I) Serial No. (S) State No. (M)	Purpose of Use	Purchased New/Used	Casualty Coverages			Physical Damage Coverage			Automobile Premium
						M Link. Premium	PD Link. Premium	No. Coll. Ctr. (Class Applicable Symbols)	Amt. of "ACV" (Actual Cash Value)	Reducible by Deductible if any	Rates	
						Original Car No. & Rating Symbol	Uninsured Motorist Premium	Coll. Ctr. (Class Applicable Symbols)	Amt. of "ACV" (Actual Cash Value)	Reducible by Deductible if any	Rates	
Location (Town, State)	Rating Territory			Rating Class								
1. 1970 FORD P/K #F1LYRN14137				C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
2. 1966 FORD P/K #FNYK806236				C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
3. 1962 INT'L CB #FD5671P				C		\$ 122.00	\$ 75.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			BCA		\$ 33.00	\$ 2.00		\$	\$	\$	\$
4. 1967 CHEV. P/K #KS147S149629				C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
5. 1972 FORD 4 DR #2051P244291				P&B		\$ 103.00	\$ 53.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			PPP		\$ 1.00	\$ 2.00		\$	\$	\$	\$
6. 1972 FORD P/K #P26YEN89131				C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
7. 1973 FORD P/K #P10YHR86280				C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40			6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
†Not Available in California *P & B = Pleasure and Business; C = Commercial						Total Premium	\$680.00	\$413.00				
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.						Total Premium	\$680.00	\$413.00				
No. Name and Address of Loss Payee	CSL 94 (.91) INC.											

The company issued this policy to **CSL 94 (.91) INC.** BUSINESS ADDRESS: At this time, the company does not have a business address. Please furnish a complete and accurate copy of the policy.

A-3471-6 Printed in U.S.A.

Schedule of Automobiles

CONFIDENTIAL

HARTFORD000525

Confidential - Subject to Protective Order

HFBKPLAN015106

SA 3415

**3/24/FC/BJ PAGE #2 WILSON & ALLEN INC., 250480**  
**Schedule of Automobiles and Covered Automobiles**

This Schedule forms a part of Policy No. **10 C 243342B**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1-1-75**  
 12:01 A. M., standard time.



**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use New or Used	Casualty Coverages			Physical Damage Coverages			Towing and Labor Costs Premium	Automobile	
					BL Lab. Prem.	PD Lab. Prem.	Non-Coll. Cov. (Insert Applicable Symbol)	Aut. or "ACV" (Actual Cash Value)	Coll. Cov. (Insert Applicable Symbol)	"ACV" (Actual Cash Value)	Deductible Liability	Rates	
					Medical Payments Premium	Uninsured Motorist Premium							
Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol										
8. 1973 FORD P/K #FL1YR85820		C			\$ 91.00	\$ 57.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
9. 1972 FORD P/K #P26TYB89132		C			\$ 91.00	\$ 57.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
10. 1964 DODGE 4DR #5543275529		PAB			\$ 103.00	\$ 53.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	PPT			\$ 1.00	\$ 2.00			\$	\$	\$	\$	
11. 1968 FORD P/K #A101468		C			\$ 91.00	\$ 57.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
12. 1973 FORD P/K #FL0YRR83712		C			\$ 91.00	\$ 57.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
13. 1973 FORD P/K #FL1YRR85819		C			\$ 91.00	\$ 57.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00			\$	\$	\$	\$	
14. 1974 CHEV/TRAVELALL #CKV264W179594		C			\$ 153.00	\$ 94.00			\$	\$	\$	\$	
NORTH BRUNSWICK, N. J.	40	5CA			\$ 39.00	\$ 2.00			\$	\$	\$	\$	
<b>NOT AVAILABLE IN CALIFORNIA</b> P & B = Pleasure and Business; C = Commercial					To T	\$ 711.00	\$ 32.00						
<b>LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.</b>					To TA	\$ 180.00	\$ 14.00						
No. Name and Address of Loss Payee	The Company has kept these documents in its business records. At this time, the Company does not certify that these documents constitute a complete and accurate copy of the policy.												
CSL 96 (.91) INCL.													

Schedule of Automobiles

A-3471-6 Printed in U.S.A.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000526**

**HFBKPLAN015107**

**SA 3416**

3/24/FC/BJ PAGE #3 WILSON & ALLEN INC. 250480  
**Schedule of Automobiles and Covered Automobiles**

10 C A43342E

Effective date 1-1-75

12:01 A. M., standard time.



THE HARTFORD

This Schedule forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gageage Net Starting Capacity	Identification No. (I) Serial No. (S) Master No. (M)	Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages					
						BL Link. Premium	PD Link. Premium	No. Coll. Cr. (Insert Applicable Symbols)	Am't or ACV (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Flaming and Fading Costs
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cr. (Insert Applicable Symbols)	Am't or ACV (Actual Cash Value)	Deductible if any	Rates		
15.	1974 FORD #P20BRU46661			C		\$ 91.00	\$ 57.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$	\$	\$	\$
16.	1973 FORD CROW/CAB #P25YCS24484			C		\$ 122.00	\$ 75.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		8CA		\$ 33.00	\$ 2.00		\$	\$	\$	\$	\$
17.	1972 FORD 4DR. #2051P244292			P&B		\$ 103.00	\$ 53.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		P&T		\$ 1.00	\$ 2.00		\$	\$	\$	\$	\$
18.	1958 CHEV P/K #4B68K132267			C		\$ 91.00	\$ 57.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$	\$	\$	\$
19.	1965 FORD P/K #F10JD698518			C		\$ 91.00	\$ 57.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$	\$	\$	\$
20.	1958 CHEV P/K #3A58K131944			C		\$ 91.00	\$ 57.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$	\$	\$	\$
21.	1941 CHEV P/K #AVB1091441			C		\$ 91.00	\$ 57.00		\$	\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$	\$	\$	\$
†Not Available in California						Total	\$ 680.00	\$ 413.00					
<b>LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.</b>													
No.	Name and Address of Loss Payee												
	CSL 9% (.91) INCL												

The company reserves the right to cancel this policy if it is determined that the information furnished is untrue or misleading. The company also reserves the right to cancel this policy if it is determined that the documents furnished do not include a complete and accurate copy of the policy.

A-3471-0 Printed In U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000527

HFBKPLAN015108

SA 3417

3/24/FC/BJ PAGE #4 WILSON & ALLEN INC. 250480  
**Schedule of Automobiles and Covered Automobiles**

This Schedule forms a part of Policy No. **10 C A63342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1-1-75**  
 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyl., Track Load, Gallowage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages				Towing and Labor Costs	Automobile
						BI Lim. Prem.	PD Lim. Prem.	Non-Coll. Cov. (Last Applicable Symbol)	Am. or "ACV" (Actual Cash Value)	Anti- or "ACV" (Actual Cash Value)	Debt Deductible if any	Rate	
						Medical Payments Premium	Uninsured Motorist Premium						
22.	1964 DODGE CB #3251378469			C		\$122.00	\$75.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		B&A		\$ 33.00	\$ 2.00		\$	\$		\$	\$
23.	1972 FORD 4DR. #2051P2H4003			P&B		\$103.00	\$53.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		P&P		\$ 1.00	\$ 2.00		\$	\$		\$	\$
24.	1969 MACK TRK. #M84032177			C		\$122.00	\$75.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		B&A		\$ 33.00	\$ 2.00		\$	\$		\$	\$
25.	1971 FORD CB #35YK164826			C		\$122.00	\$75.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		B&A		\$ 33.00	\$ 2.00		\$	\$		\$	\$
26.	1972 FORD P/E #F10YK24717			C		\$ 91.00	\$57.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$
27.	1951 MECO TRK #149480			C		\$122.00	\$75.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		B&A		\$ 33.00	\$ 2.00		\$	\$		\$	\$
28.	1969 CHEV P/E #E91692848257			C		\$ 91.00	\$57.00		\$	\$		\$	\$
	NORTH BRUNSWICK, N. J.	40		6		\$ 28.00	\$ 2.00		\$	\$		\$	\$
Not Available in California. *P & B = Pleasure and Business; C = Commercial						Total	\$773.00	\$467.00				\$	\$
<b>LOSS PAYEE -- IDENTIFY BY UNIT OR ENTRY NO.</b>													
No.	Name and Address of Loss Payee												
	CSD 9% (.91) INC.												

The company has checked the above information in its insurance records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

A-3471-0 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000528

Confidential - Subject to Protective Order

HFBKPLAN015109

Schedule of Automobiles

SA 3418

**3/24/FC/BJ PAGE #5 WILSON & ALLEN INC. 250480**  
**Schedule of Automobiles and Covered Automobiles**

**10 C 243342B**Effective date **1-1-75**  
12-01 A. M., standard time.**THE HARTFORD**

This Schedule forms a part of Policy No. **10 C 243342B**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. - Truck Load, Gekeng. Bus Seating Capacity	Identification No. (I) Serial No. (S) Meter No. (M)	purpose of Use	Purchased Mn./Yr. New/Used	Casualty Coverages		Physical Damage Coverages		Premium and Labor Costs	Automobile
	Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	No. Col. Car. (Indiv. App. - Scribble Symbols)	Am't of "ACV" (Actual Cash Value)	Deductible if any	Rates	
29.	1971 INTEL DUMP #416060H154330		C		\$ 122.00	\$ 75.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	8CA		\$ 33.00	\$ 2.00		\$	\$	\$	\$
30.	1972 FORD 2DR. #U15GLP28943		P&B		\$ 103.00	\$ 53.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	PPT		\$ 1.00	\$ 2.00		\$	\$	\$	\$
31.	1963 FORD P/K #F10JD170009		C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
32.	1972 FORD 2DR. #U15GLP28942		P&B		\$ 103.00	\$ 53.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	PPT		\$ 1.00	\$ 2.00		\$	\$	\$	\$
33.	1963 FORD P/K #F10JD120602		C		\$ 91.00	\$ 57.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	6		\$ 28.00	\$ 2.00		\$	\$	\$	\$
34.	1972 CHEV 4DR. #CKS162P175471		P&B		\$ 103.00	\$ 53.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	PPT		\$ 1.00	\$ 2.00		\$	\$	\$	\$
35.	1972 CHEV 4DR. #CKS162P175752		P&B		\$ 103.00	\$ 53.00		\$	\$	\$	\$
	NORTH BRUNSWICK, N. J.	40	PPT		\$ 1.00	\$ 2.00		\$	\$	\$	\$
†Not Available in California		*P & B = Pleasure and Business; C = Commercial		Total	\$ 716.00	\$ 401.00				\$	
LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.											
No.	Name and Address of Loss Payee	No.									
	CSL 9% (.91) INCL										

The company located these documents in its business records. At this time, the company does not know if these documents contain a complete and accurate copy of the policy.

A-3471-6 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000529

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HFBKPLAN015110

SA 3419

3/24/FC/BJ PAGE #6 WILSON &amp; ALLEN INC. 250480

## Schedule of Automobiles and Covered Automobiles

10 C A433428

This Schedule forms a part of Policy No. 10 C A433428 issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1-1-75  
12:01 A.M., standard time.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallons Bus Seating Capacity	Identification No. (I) Serial No. (S) Model No. (M)	Purpose of Use	Purchased New/Vt. New-Used	Casualty Coverages		Physical Damage Coverages				Automobile Premium
						BL Lab. Premium	PD Lab. Premium	Non-Coll. Car. (Asset App. Brable Symbols)	Aut. or "ACV" (Actual Cash Value)	Deductible Limit if any	Rates	
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Asset App. Brable Symbols)	"ACV" (Actual Cash Value)	Deductible Limit if any	Rates	
Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol			\$ 91.00	\$ 57.00	\$	\$	\$	\$	\$
36. 1973 FORD P/K 2 T #F10YRR86281		C				\$ 28.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	6				\$ 51.00	\$ 57.00	\$	\$	\$	\$	\$
37. 1964 DODGE P/K #1161405724		C				\$ 28.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	6				\$ 122.00	\$ 75.00	\$	\$	\$	\$	\$
38. 1973 FORD FB #F50GVB80490		C				\$ 33.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	BCA				\$ 91.00	\$ 57.00	\$	\$	\$	\$	\$
39. 1957 CHEV P/K #3A57K123301		C				\$ 28.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	6				\$ 122.00	\$ 75.00	\$	\$	\$	\$	\$
40. 1966 MACK TRK #D40351033		C				\$ 33.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	BCA				\$ 122.00	\$ 75.00	\$	\$	\$	\$	\$
41. 1969 FORD CB #F11YKE77849		C				\$ 33.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	BCA				\$ 122.00	\$ 75.00	\$	\$	\$	\$	\$
42. 1969 FORD CB #F11YKE77848		C				\$ 33.00	\$ 2.00	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	BCA				\$ 122.00	\$ 75.00	\$	\$	\$	\$	\$
NOT Available in California P & B = Pleasure and Business; C = Commercial						To TA	\$ 761.00	\$ 471.00				
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						T A	\$	\$				
No. Name and Address of Loss Payee							\$ 238.00	\$ 138.00				
CSL 92 (.91) INCL												

The company retains these documents in its business records. At this time, the company does not furnish a copy of the policy to the insured. Please furnish the company a complete and accurate copy of the policy.

A-3471-8 Printed in U.S.A.

Schedule of Automobiles

CONFIDENTIAL

HARTFORD000530

Confidential - Subject to Protective Order

HFBKPLAN015111

SA 3420

3/24/PC/BJ PAGE #7 WILSON &amp; ALLEN INC. 250480

## Schedule of Automobiles and Covered Automobiles

This Schedule forms a part of Policy No. **10 C 143342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **1-1-75**

12:01 A. M., standard time.



THE HARTFORD

As respects each **covered automobile** described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyl., Transmission, Cargo Box Seating Capacity	Identification No. (I) Serial No. (S) Mater No. (M)	Purpose of Use New or Used	Purchased Mo./Yr.	Casualty Coverages		Physical Damage Coverages				Automobile Premium (each covered automobile)
						BL Link. Premium	PD Link. Premium	No. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	
Location (Town, State)	Rating Territory	Rating Class	Original Cert. New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates			
43. 1969 CHEV 2DR. #KS1697847104	P&B				\$ 103.00	\$ 53.00	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	PPP			\$ 1.00	\$ 2.00	\$	\$	\$	\$	\$	\$
44. 1970 CHEV P/K #134800K188270	C				\$ 91.00	\$ 57.00	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	6			\$ 28.00	\$ 2.00	\$	\$	\$	\$	\$	\$
45. 1969 FORD 8/W #M1573186049	P&B				\$ 103.00	\$ 53.00	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	PPP			\$ 1.00	\$ 2.00	\$	\$	\$	\$	\$	\$
46. 1973 FORD 4DR. #3P72H152401	P&B				\$ 103.00	\$ 53.00	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40	PPP			\$ 1.00	\$ 2.00	\$	\$	\$	\$	\$	\$
47. 1965 CATTLE DEPARTMENT TRAILER #145365	MORTAR EQUIPMENT				\$	\$	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40				\$	\$	\$	\$	\$	\$	\$	\$
48. 1971 DITCHWITCH #8162	MOBILE EQUIPMENT				\$	\$	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40				\$	\$	\$	\$	\$	\$	\$	\$
49. 1977 LOWBOY TRAILER #MFE-9000037	MOBILE EQUIPMENT				\$	\$	\$	\$	\$	\$	\$	\$
NORTH BRUNSWICK, N. J.	40				\$	\$	\$	\$	\$	\$	\$	\$
†Not Available in California *P & B = Pleasure and Business; C = Commercial						To \$ 400.00	\$ 215.00					
LOSS PAYEES IDENTIFY BY UNIT OR ENTRY NO.						T A \$ 31.00	\$ 6.00					
No. Name and Address of Loss Payee						The company has made no examination of the documents in its possession concerning the business or affairs of the insured. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.						
CBL 95 (-.91) INCL												

A-3471-6 Printed in U. S. A.

Schedule of Automobiles

CONFIDENTIAL

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HARTFORD000531

HFBKPLAN015112

SA 3421



3/24/FC/BJ WILSON & ALLEN INC. 250480

This endorsement forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address:

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
ROUTE #1  
NORTH BRUNSWICK, N. J.**

Effective date **1-1-75** 12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IT IS AGREED ENDORSEMENT AL-8-08 NOTICE OF OCCURRENCE IS ALSO COVERED FOR  
COMPREHENSIVE GENERAL LIABILITY INSURANCE.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-0 A Printed in U. S. A. 10-66 NBCU:

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HARTFORD000533

HFBKPLAN015114

SA 3423

3/24/FC/BJ WILSON & ALLEN INC. 250480

This endorsement forms a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address  
**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**ROUTE #1**  
**NORTH BRUNSWICK, N. J.**

Effective date **1-1-75**

12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**GARAGEKEEPERS' LEGAL LIABILITY**

IT IS HEREBY UNDERSTOOD AND AGREED 1966 TENNANT 86 POWER SWEeper  
#90692 IS ADDED AT COVERAGES 50/DED. COLLISION, FIRE & THEFT  
PREMIUM INCLUDED IN COMPOSITE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

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HARTFORD000534

HFBKPLAN015115

SA 3424

3/24/C/BJ  
WILSON AND ALLEN INC. 250480

This endorsement forms a part of Policy No. **10 C A43342E**,  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
ROUTE #1  
NORTH BRUNSWICK, N. J.**

Effective date **1-1-75** 12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN COMPOSITE RATE, IT IS AGREED  
THAT FORM L-3037-1, "REAL PROPERTY LIABILITY FIRE" IS EXTENDED TO  
INCLUDE THE FOLLOWING LOCATION:**

DESC. OF PROPERTY	LIMIT OF LIABILITY	RATE PER \$100 LIMIT	PREMIUM
275 BUSH ST. SAN FRANCISCO, CALIFORNIA 94104	100,000 EACH OCCURRENCE		INC. IN COMPOSITE RATE

*add to main list*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
*Countersigned by*  
business records. At this time, the ~~company~~  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

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Order

HARTFORD000535

HFBKPLAN015116

SA 3425

10 C A43342E  
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

**Add'L INSURED**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**ADDITIONAL INSURED**

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE  
IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO INCLUDE  
THE INTEREST OF U.S. FOUNDATION FOR INTERNATIONAL SCOUTING AS  
ADDITIONAL INSURED.

? - remove after?  
Professional Scouts -  
Employees of B.S.A.  
OK

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-B-0 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

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HARTFORD000536

HFBKPLAN015117

SA 3426

Premium Installment



THE HARTFORD

## Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43342E**  
issued by THE HARTFORD INSURANCE GROUP company  
designated therein, and takes effect as of the effective date of  
said Policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the  
named insured as stated herein.

It is hereby understood and agreed that the **ORIGINAL**  
(Insert "original" or "additional" or "return") Premium of \$ **21,220.00**  
will **BE PAYABLE IN ELEVEN** installments as outlined in "Schedule of Payments."  
(Insert "be payable in" or "reduce the")

## SCHEDULE OF PAYMENTS

NO.	DUUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE AUTO	AUTO PHYSICAL DAMAGE	TOTAL
1	1 1 75	1524.00	416.00		1940.00
2	2 1 75	1522.00	406.00		1928.00
3	3 1 75	1522.00	406.00		1928.00
4	4 1 75	1522.00	406.00		1928.00
5	5 1 75	1522.00	406.00		1928.00
6	6 1 75	1522.00	406.00		1928.00
7	7 1 75	1522.00	406.00		1928.00
8	8 1 75	1522.00	406.00		1928.00
9	9 1 75	1522.00	406.00		1928.00
10	10 1 75	1522.00	406.00		1928.00
11	11 1 75	1522.00	406.00		1928.00
12					
<b>TOTALS</b>		<b>16,744.00</b>	<b>4,476.00</b>		<b>21,220.00</b>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-57-0 Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000537

HFBKPLAN015118

SA 3427

10 C A43342E  
This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

VESSELS

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

IT IS AGREED THAT SUCH INSURANCE AS IS AFFORDED BY THE POLICY  
BODILY INJURY LIABILITY COVERAGE AND BY THE PROPERTY DAMAGE  
LIABILITY COVERAGE APPLIES, SUBJECT TO THE FOLLOWING PROVISIONS:

1. THE EXCLUSION RELATING TO WATERCRAFT DOES NOT APPLY WITH RESPECT  
TO THE WATERCRAFT DESCRIBED BELOW.
2. THE INSURANCE WITH RESPECT TO SUCH WATERCRAFT DOES NOT APPLY TO:  
BODILY INJURY TO ANY PASSENGER BEING CARRIED FOR A CONSIDERATION  
WHILE IN OR UPON, ENTERING OR ALIGHTING FROM ANY SUCH WATERCRAFT:

**DESCRIPTION OF WATERCRAFT:**

300 CANOES AND ANY OTHER VESSEL NOT EXCEEDING 50 FEET IN LENGTH

*Use std. form*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000538

HFBKPLAN015119

SA 3428

10 C A43342E  
This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

VESSELS

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

IT IS AGREED THAT SUCH INSURANCE AS IS AFFORDED BY THE POLICY  
BODILY INJURY LIABILITY COVERAGE AND BY THE PROPERTY DAMAGE  
LIABILITY COVERAGE APPLIES, SUBJECT TO THE FOLLOWING PROVISIONS:

1. THE EXCLUSION RELATING TO WATERCRAFT DOES NOT APPLY WITH RESPECT  
TO THE WATERCRAFT DESCRIBED BELOW.

2. THE INSURANCE WITH RESPECT TO SUCH WATERCRAFT DOES NOT APPLY TO:

BODILY INJURY TO ANY PASSENGER BEING CARRIED FOR A CONSIDERATION  
WHILE IN OR UPON, ENTERING OR ALIGHTING FROM ANY SUCH WATERCRAFT.

DESCRIPTION OF WATERCRAFT:

300 CANOES AND ANY OTHER VESSEL NOT EXCEEDING 50 FEET IN LENGTH

*Wording from Celular*  
*Standard form*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000539

HFBKPLAN015120

SA 3429

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

OGL  
APD  
Personal Injury  
Contractual

**NOTICE OF OCCURRENCE**

**IT IS AGREED THAT NOTICE OF CLAIM OR SUIT  
TO THE INSURED, IS TO BE DEEMED EFFECTIVE  
ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR  
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS  
NORTH BRUNSWICK N.J.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000540

HFBKPLAN015121

SA 3430

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

CGL  
APD  
Cont  
xx

IT IS AGREED THAT THE ADDITIONAL INSURED OF THE  
ABOVE MENTIONED POLICY ARE:

~~EMPLOYEES, COUNCIL MEMBERS, EXECUTIVE BOARD~~

~~MEMBERS, VOLUNTEERS, TRUSTEES, SPONSORS AND  
DONORS OF AUTOS OR WATERCRAFT.~~

~~ANY ENTITY WHICH THE NAMED INSURED IS OBLIGATED~~

~~VIA CONTRACT, OR BY ISSUANCE OF A PERMIT, TO~~

~~PROVIDE INSURANCE~~

~~INTEREST OF EMPLOYEES OR ANY OTHER PERSONS USING  
MOTOR VEHICLES ON BEHALF OF THE INSURED.~~

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000541

HFBKPLAN015122

SA 3431

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

*Add'L INSURED*

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:  
**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IT IS AGREED THAT THE ADDITIONAL INSURED OF THE  
ABOVE MENTIONED POLICY ARE:

EMPLOYEES, COUNCIL MEMBERS, EXECUTIVE BOARD

MEMBERS, VOLUNTEERS, TRUSTEES, SPONSORS AND

DONORS OF AUTOS OR WATERCRAFT

ANY ENTITY WHICH THE NAMED INSURED IS OBLIGATED  
VIA CONTRACT, OR BY ISSUANCE OF A PERMIT, TO  
PROVIDE INSURANCE

INTEREST OF EMPLOYEES OR ANY OTHER PERSONS USING  
MOTOR VEHICLES ON BEHALF OF THE INSURED.

*Perendorde*  
*as per  
spec's*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 II Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000542

HFBKPLAN015123

SA 3432

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS POLICY IS TO PROVIDE COVERAGE FOR ALL INDIVIDUALS PARTICIPATING IN CAR POOLING AT THE DIRECTION OF B.S.A. IT IS FURTHER UNDERSTOOD THAT SUCH COVERAGE IS TO BE EXCESS OVER ANY OTHER VALID AND COLLECTIBLE INSURANCE.

09/09/2022

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000543

HFBKPLAN015124

SA 3433

Named Insured and Address

10 C A43342E

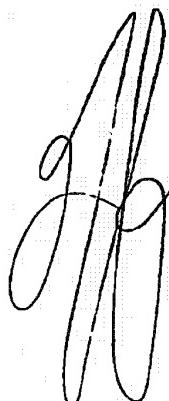
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

~~THE POLICY IS EXTENDED TO COVER A CANOE TRAILER  
WHICH WILL BE USED TO CARRY CANOES IN THE EAST  
PRINCIPAL GARAGE LOCATION NEW YORK N. Y.~~

*Principals*



Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000544

HFBKPLAN015125

SA 3434

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS**

**AUTOMOBILE PHYSICAL DAMAGE INS**

*C&B*

**THE NOTICE OF ACCIDENT CONDITION OF THE  
POLICY IS AMENDED TO READ:  
UPON THE HAPPENING OF AN ACCIDENT  
OCCURRENCE, OR PRESENTATION OF CLAIM  
WRITTEN NOTICE SHALL BE GIVEN BY OR  
ON BEHALF OF THE INSURED TO THE COMPANY  
OR ANY OF ITS AUTHORIZED AGENTS AS SOON  
AS PRACTICABLE AFTER IT IS KNOWN AT THE  
HEADQUARTERS OF THE BOY SCOUTS OF AMERICA.**

*Off*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000545

HFBKPLAN015126

SA 3435

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS**

**AUTOMOBILE PHYSICAL DAMAGE INS**

**IN CONSIDERATION OF THE PREMIUM CHARGED THE POLICY  
TERRITORY IS EXTENDED TO COVER MEXICO ON AN EXCESS  
AND DIFFERENCE AND CONDITIONS BASIS OVER ANY UNDERLYING  
INSURANCE OBTAINED BY THE INSURED.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000546

HFBKPLAN015127

SA 3436

10 C A43342E  
This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

9  
Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**

**IT IS UNDERSTOOD AND AGREED THAT THE POLICY  
IS EXTENDED TO COVER EMPLOYEES OF THE INSURED  
AS ADDITIONAL INSUREDS WITH RESPECT TO VEHICLES  
HIRED IN THEIR OWN NAME FOR USE ON BOY SCOUTS OF  
AMERICA BUSINESS, PROVIDED THEY ARE ACTING  
AT THE DIRECTION OF BOY SCOUTS OF  
AMERICA.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
*Countersigned by*  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000547

HFBKPLAN015128

SA 3437

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS.**

IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS  
EXTENDED TO COVER THE LIABILITY ASSUMED BY THE  
INSURED UNDER ANY HIRDD AND/OR LEASED CAR AGREEMENTS  
IN CONJUNCTION WITH BUSINESS ON BEHALF OF THE BOY  
SCOUTS OF AMERICA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000548

HFBKPLAN015129

SA 3438

## AMENDMENT-LIMITS OF LIABILITY

## ( SINGLE LIMIT )

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

## COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

*CGB  
Continued*

## SCHEDULE

	PERSON
<u>BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.</u>	\$ 500 ,000 EACH OCCURRENCE
	\$ 500 ,000 AGGREGATE OCCURRENCE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

## LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INJURED UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereto, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-B-8-C Printed in U.S.A. 10-68 NBCI

The company located these documents in its business records. At this time, the company determined that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000549

HFBKPLAN015130

SA 3439

AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

CONTINUED

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (i) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
  - (ii) TO THE SUM OF THE DAMAGE FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
  - (iii) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (c) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid execution of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the ~~original document~~.

AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

Named Insured and Address

10 C A43342E

This endorsement forms a part of Policy No. 10 C A43342E, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (i) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
  - (ii) TO THE SUM OF THE DAMAGES FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
  - (iii) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (c) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company maintains these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000551

HFBKPLAN015132

SA 3441

**Personal Injury  
Protection Endorsement  
(Minnesota)**



**THE HARTFORD**

10 C A43342E

This endorsement forms a part of Policy No. ....  
Issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named Insured as stated herein.

**Named Insured and Address**

**SCHEDULE OF BENEFITS**

The Company will pay up to the limit indicated for each of the benefits shown.					AUTO No.	PREMIUM
<b>A. MEDICAL EXPENSES</b> <b>\$20,000.</b> per person less \$ deductible	<b>B. WORK LOSS</b> <b>\$200. per week</b> less \$ deductible	<b>C. ESSENTIAL SERVICES EXPENSES</b> <b>\$15. per day</b>	<b>D. FUNERAL EXPENSES</b> <b>\$1,250. per person</b>	<b>E. SURVIVORS' LOSS</b> <b>\$200. per week</b>	22	<b>\$ 9.00</b>
<b>AGGREGATE LIMIT FOR BENEFITS B, C, D and E — \$10,000.</b>						
						<b>TOTAL PREMIUM \$ 9.00 incl.</b>

The Company agrees with the named Insured, subject to all of the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows:

**SECTION I**

**PERSONAL INJURY PROTECTION COVERAGE**

The Company will pay, in accordance with the Minnesota no-fault automobile insurance act, personal injury protection benefits for

- (a) medical expenses;
- (b) work loss;
- (c) essential services expenses;
- (d) funeral expenses and
- (e) survivors' loss

Incurred with respect to bodily injury sustained by an eligible insured person caused by an accident arising out of the maintenance or use of a motor vehicle as a vehicle.

**Exclusions**

This coverage does not apply:

- (a) to bodily injury sustained by the named insured or any relative arising out of the maintenance or use of any motor vehicle owned by the named insured which is not an insured motor vehicle;
- (b) to bodily injury sustained by any relative arising out of the maintenance or use of any motor vehicle owned by such relative with respect to which the security required by the Minnesota no-fault automobile insurance act is not in effect;
- (c) to bodily injury sustained by any relative if such relative is entitled to personal injury protection coverage as a self-insured or as a named insured under the terms of any other policy with respect to such coverage;
- (d) to bodily injury sustained by any person, other than the named insured or a relative, if such person is entitled to personal injury protection coverage as a self insured or as a named insured or relative under the terms of any other policy with respect to such coverage;
- (e) to bodily injury sustained by any person arising out of the maintenance or use of a motor vehicle, other than the insured motor vehicle,
- (f) being used in the business of transporting persons or property, or
- (g) furnished by the employer of the named insured or relative,

If with respect to such vehicle the security required by the Minnesota no-fault automobile insurance act is in effect, provided that such bodily injury is sustained while not occupying another involved motor vehicle;

- (h) to any benefits any person would otherwise be entitled to receive hereunder for bodily injury intentionally caused by such person or arising out of his intentionally attempting to cause bodily injury, and, if any person dies as a result of intentionally causing or attempting to cause bodily injury to himself, his survivors are not entitled to any survivors' loss benefits;
- (i) to bodily injury sustained by any person in the course of an officiated racing or speed contest, or in practice or preparation therefor;
- (j) to bodily injury sustained by any person if such injury arises out of conduct within the course of a business of repairing, servicing, or otherwise maintaining motor vehicles, unless such conduct occurs off the business premises;
- (k) to bodily injury sustained by any person if such injury arises out of conduct in the course of loading or unloading any motor vehicle unless the conduct occurs while such person is occupying such motor vehicle;
- (l) to bodily injury sustained by any person while occupying a motorcycle;
- (m) to personal injury protection benefits otherwise payable in the event that a lapse of one year or more occurs in the period of disability and medical treatment of an eligible injured person as a result of any one accident;
- (n) to bodily injury sustained by any person, other than the named insured or any relative, arising out of the maintenance or use by such person of a motor vehicle without a good faith belief that he is legally entitled to use such motor vehicle;
- (o) to bodily injury sustained by any person, other than the named insured or any relative, while a pedestrian through

being struck by the insured motor vehicle, if the accident occurs outside the State of Minnesota;

- (p) to bodily injury sustained by any person arising out of the maintenance or use of a motor vehicle while located for use as a residence or premises;
- (q) to bodily injury due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (r) to bodily injury resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material;
- (s) with respect to work loss, essential services expenses, and survivors' loss, to bodily injury sustained by any person, other than the named insured or relative, while occupying any motor vehicle, not owned by the named insured or relative, which is being operated by the named insured or relative;
- (t) to bodily injury sustained by any person, other than the named insured or any relative, while occupying a vehicle which is regularly used in the course of the business of transporting persons or property and which is one of five or more vehicles under common ownership or a vehicle owned by a government other than the State of Minnesota, its political subdivisions, municipal corporations, or public agencies, if the accident occurs outside the State of Minnesota.

**Definitions**

When used in reference to this coverage:

"bodily injury" means bodily injury, sickness or disease including death at any time resulting therefrom;

"eligible injured person" means

- (a) the named insured or any relative who sustains bodily injury while occupying, or while a pedestrian through being struck by, any motor vehicle or motorcycle;
- (b) any other person who sustains bodily injury while occupying, or while a pedestrian through being struck by, the insured motor vehicle;
- (c) any other person who sustains bodily injury while occupying a motor vehicle not owned by, but operated by the named insured or relative, other than a public or livery conveyance, if the bodily injury results from the operation of the motor vehicle by the named insured or relative;

"essential services expenses" means expenses reasonably incurred during a period commencing 8 days after the date of the accident and during the eligible injured person's lifetime, in obtaining usual and necessary substitute services in lieu of those that, had he not been injured, he would have performed not for income but for the direct benefit of himself or his household; if the non fatally injured eligible injured person normally, as a full time responsibility, provides care and maintenance of a home, with or without children, the benefit is the reasonable value of such care and maintenance, if greater than the expense incurred;

"funeral expenses" means reasonable expenses for professional funeral and burial services including expenses for cremation, or delivery under the Minnesota Uniform Anatomical Gift Act;

"insured motor vehicle" means a motor vehicle with respect to which

- (a) the bodily injury liability insurance of the policy applies and for which a specific premium is charged, and
- (b) the named insured is required to maintain security under the provisions of the Minnesota no-fault automobile insurance act;

"medical expenses" means all reasonable expenses incurred for necessary medical, surgical, x-ray, optical, dental, chiropractic and rehabilitative services, including prosthetic devices, prescription drugs, necessary ambulance, hospital, extended care and nursing services, including necessary remedial treatment and services recognized and permitted under the laws of Minnesota for an eligible injured person who relies upon spiritual means through prayer alone for healing in accordance with his religious belief;

"motor vehicle" means every vehicle including a trailer, other than a motorcycle or other vehicle with fewer than four wheels, which is primarily designed for use in the transportation of passengers or property business purposes. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-3351-0 TERM Printed in U. S. A. (ISO: E070; CP-05-B7) Ed. 1-15

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000552**

**HFBKPLAN015133**

**SA 3442**

**Personal Injury  
Protection Endorsement  
(Minnesota)**



**THE HARTFORD**

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. \_\_\_\_\_  
Issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date: 12:01 A.M., standard  
time at the address of the named insured as stated herein.

**SCHEDULE OF BENEFITS**

The Company will pay up to the limit indicated for each of the benefits shown.

A. MEDICAL EXPENSES \$20,000. per person less \$ deductible	B. WORK LOSS \$200. per week less \$ deductible	C. ESSENTIAL SERVICES EXPENSES \$15. per day	D. FUNERAL EXPENSES \$1,250. per person	E. SURVIVORS' LOSS \$200. per week	AUTO NO. SE 23	PREMIUM \$97.00-5-50
<b>AGGREGATE LIMIT FOR BENEFITS B, C, D AND E — \$10,000.</b>						

TOTAL PREMIUM \$ 97.00-5-50 INCL

The Company agrees with the named insured, subject to all of the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows:

**SECTION I**

**PERSONAL INJURY PROTECTION COVERAGE**

The Company will pay, in accordance with the Minnesota no-fault automobile insurance act, personal injury protection benefits for

- (a) medical expenses;
- (b) work loss;
- (c) essential services expenses;
- (d) funeral expenses and
- (e) survivors' loss

incurred with respect to bodily injury sustained by an eligible insured person caused by an accident arising out of the maintenance or use of a motor vehicle as a vehicle.

**Exclusions**

This coverage does not apply:

- (a) to bodily injury sustained by the named insured or any relative arising out of the maintenance or use of any motor vehicle owned by the named insured which is not an insured motor vehicle;
  - (b) to bodily injury sustained by any relative arising out of the maintenance or use of any motor vehicle owned by such relative with respect to which the security required by the Minnesota no-fault automobile insurance act is not in effect;
  - (c) to bodily injury sustained by any relative if such relative is entitled to personal injury protection coverage as a self-insured or as a named insured under the terms of any other policy with respect to such coverage;
  - (d) to bodily injury sustained by any person, other than the named insured or a relative, if such person is entitled to personal injury protection coverage as a self-insured or as a named insured or relative under the terms of any other policy with respect to such coverage;
  - (e) to bodily injury sustained by any person arising out of the maintenance or use of a motor vehicle, other than the insured motor vehicle;
  - (f) being used in the business of transporting persons or property, or
  - (g) furnished by the employer of the named insured or relative,
- If with respect to such vehicle the security required by the Minnesota no-fault automobile insurance act is in effect, provided that such bodily injury is sustained while not occupying another involved motor vehicle;
- (h) to any benefit any person would otherwise be entitled to receive hereunder for bodily injury intentionally caused by such person or arising out of his intentionally attempting to cause bodily injury, and, if any person dies as a result of intentionally causing or attempting to cause bodily injury to himself, his survivors are not entitled to any survivors' loss benefits;
  - (i) to bodily injury sustained by any person in the course of an officiated racing or speed contest, or in practice or preparation therefor;
  - (j) to bodily injury sustained by any person if such injury arises out of conduct within the course of a business of repairing, servicing, or otherwise maintaining motor vehicles unless such conduct occurs off the business premises;
  - (k) to bodily injury sustained by any person if such injury arises out of conduct in the course of loading or unloading any motor vehicle, unless the conduct occurs while such person is occupying such motor vehicle;
  - (l) to bodily injury sustained by any person while occupying a motorcycle;
  - (m) to personal injury protection benefits otherwise payable in the event that a lapse of one year or more occurs in the period of disability and medical treatment of an eligible injured person as a result of any one accident;
  - (n) to bodily injury sustained by any person, other than the named insured or any relative, arising out of the maintenance or use by such person of a motor vehicle without a good faith belief that he is legally entitled to use such motor vehicle;
  - (o) to bodily injury sustained by any person, other than the named insured or any relative, while a pedestrian through

being struck by the insured motor vehicle, if the accident occurs outside the State of Minnesota;

- (p) to bodily injury sustained by any person arising out of the maintenance or use of a motor vehicle while located for use as a residence or premises;
- (q) to bodily injury due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (r) to bodily injury resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material;
- (s) with respect to work loss, essential services expenses, and survivors' loss, to bodily injury sustained by any person, other than the named insured or relative, while occupying any motor vehicle, not owned by the named insured or relative, which is being operated by the named insured or relative;
- (t) to bodily injury sustained by any person, other than the named insured or any relative, while occupying a vehicle which is regularly used in the course of the business of transporting persons or property and which is one of five or more vehicles under common ownership or a vehicle owned by a government other than the State of Minnesota, its political subdivisions, municipal corporations, or public agencies, if the accident occurs outside the State of Minnesota.

**Definitions**

When used in reference to this coverage:

"bodily injury" means bodily injury, sickness or disease including death at any time resulting therefrom;

"eligible injured person" means

- (a) the named insured or any relative who sustains bodily injury while occupying, or while a pedestrian through being struck by, any motor vehicle or motorcycle;
- (b) any other person who sustains bodily injury while occupying, or while a pedestrian through being struck by, the insured motor vehicle;
- (c) any other person who sustains bodily injury while occupying a motor vehicle not owned by, but operated by the named insured or relative, other than a public or livery conveyance, if the bodily injury results from the operation of the motor vehicle by the named insured or relative;

"essential services expenses" means expenses reasonably incurred during a period commencing 8 days after the date of the accident and during the eligible injured person's lifetime, in obtaining usual and necessary substitute services in lieu of those that, had he not been injured, he would have performed not for income but for the direct benefit of himself or his household; if the non-fatally injured eligible injured person normally, as a full time responsibility, provides care and maintenance of a home, with or without children, the benefit is the reasonable value of such care and maintenance, if greater than the expense incurred;

"funeral expenses" means reasonable expenses for professional funeral and burial services including expenses for cremation, or delivery under the Minnesota Uniform Anatomical Gift Act;

"insured motor vehicle" means a motor vehicle with respect to which

- (a) the bodily injury liability insurance of the policy applies and for which a specific premium is charged; and
- (b) the named insured is required to maintain security under the provisions of the Minnesota no-fault automobile insurance act;

"medical expenses" means all reasonable expenses incurred for necessary medical, surgical, x-ray, optical, dental, chiropractic and rehabilitative services, including prosthetic devices, prescription drugs, necessary ambulance, hospital, extended care and nursing services, including necessary remedial treatment and services recognized and permitted under the laws of Minnesota for an eligible injured person who relies upon spiritual means through prayer alone for healing in accordance with his religious belief;

"motor vehicle" means every vehicle including a trailer, other than a motorcycle or other vehicle with fewer than four wheels, which

has been registered and is used for the purpose of carrying passengers or property. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form A-3351-D-TERM Printed in U.S.A. (ISO: E070; CP-05-87) Ed. 1-75

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Order

**HARTFORD000553**

**HFBKPLAN015134**

**SA 3443**

(b) is designed to be self-propelled by an engine or motor for use primarily upon public roads, highways or streets in the transportation of persons or property;

"named insured" means the person or organization named in the declarations;

"occupying" means in or upon, entering into or alighting from;

"relative" means the spouse and any person related to the named insured by blood, marriage or adoption including a minor in the custody of the named insured, spouse or such related person who is a resident of the same household as the named insured, whether or not temporarily residing elsewhere;

"survivors' loss" means:

(a) loss, in the event of the death of an eligible injured person occurring within one year from the date of the accident, of contributions of money or tangible things of economic value, not including services, that his surviving dependents would have received from him for their support during their dependency had he not suffered the fatal bodily injury, and;

(b) expenses reasonably incurred by surviving dependents after the death of an eligible injured person in obtaining ordinary and necessary substitute services in lieu of those he would have performed for their benefit had he not suffered the fatal bodily injury, minus expenses of the surviving dependents avoided by reason of such death,

provided that the dependency of the surviving spouse shall be terminated in the event such surviving spouse remarries or dies, and the dependency of a child who is not physically or mentally incapacitated from earning shall be terminated in the event he attains majority, marries or becomes otherwise emancipated, or dies;

"work loss" means 85% of loss of gross income resulting from the eligible injured person's inability to work, reduced by any income from substitute work actually performed by the eligible injured person, or by any income he would have earned in available appropriate substitute work which he was capable of performing but unreasonably failed to undertake.

#### Policy Period; Territory

This coverage applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

#### Limits of Liability

Regardless of the number of persons insured, policies or plans of self-insurance applicable, claims made or insured motor vehicles to which this coverage applies, the Company's liability for personal injury protection benefits with respect to bodily injury sustained by any one eligible injured person in any one motor vehicle accident shall not exceed \$30,000 in the aggregate and subject to such aggregate:

(a) the maximum amount payable for medical expenses shall not exceed \$20,000;

(b) the maximum aggregate amount payable for work loss, essential services expenses, funeral expenses and survivors' loss shall not exceed \$10,000 provided that:

1. the maximum amount payable for work loss shall not exceed \$200 per week;
2. the maximum amount payable for essential services expenses shall not exceed \$15 per day;
3. the maximum amount payable for funeral expenses shall not exceed \$1,250; and
4. the maximum amount payable for survivors' loss
  - (i) with respect to paragraph (a) of the definition of survivors' loss shall not exceed \$200 per week; and
  - (ii) with respect to paragraph (b) of the definition of survivors' loss shall not exceed \$200 per week.

Any amount payable by the Company under the terms of this coverage shall be reduced by:

(a) any amounts paid, payable or required to be provided on account of such bodily injury under any workmen's compensation law;

(b) the amount of any deductible applicable to medical expenses set forth in the Schedule, but only with respect to bodily injury sustained by the named insured or by a relative, provided that, if two or more such persons sustain bodily injury in the same motor vehicle accident, the total amount of the deductible applicable to all of them shall not exceed the deductible amount stated in the Schedule and such amount shall be allocated equally among them;

(c) the amount of any deductible applicable to work loss set forth in the Schedule but only with respect to bodily injury sustained by the named insured or any relative.

#### Conditions

A. **Action Against Company.** No action shall lie against the Company unless as a condition precedent thereto, there shall have been full compliance with all the terms of this coverage.

B. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents within 6 months from the date of the accident. If an eligible injured person, his legal representative or his surviving dependents shall institute legal action to recover damages for bodily injury against a person or organization who is or may be liable in tort therefore, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his surviving dependents.

C. **Medical Reports; Proof of Claim; Rehabilitation Notice.** As soon as practicable, the eligible injured person or someone on his behalf shall give to the Company written proof of claim, under oath if required, including full particulars of the nature and extent of the bodily injury, treatment and rehabilitation received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical and mental examination by physicians selected by the Company when and as often as the Company may reasonably require. An eligible injured person who has undertaken a procedure or treatment for rehabilitation or a course of rehabilitative occupational training, other than medical rehabilitation procedure or treatment, shall notify the Company that he has undertaken the procedure, treatment, or training within 60 days after a rehabilitation expense exceeding \$1,000 has been incurred for the procedure, treatment, or training, unless the Company knows or has reason to know of the undertaking. If the eligible injured person does not give the required notice within the prescribed time, the Company is responsible only for \$1,000 of the expense incurred after the notice is given and within the 60 days before the notice, whichever is greater, unless failure to give timely notice is the result of excusable neglect.

D. **Subrogation.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment under this coverage, the Company is subrogated to the rights of the person to whom or for whose benefit such payments were made, to the extent of such payments, and such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

E. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment to any person under this coverage:

1. the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment, notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
2. such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
3. such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights; and
4. such person shall execute and deliver to the Company instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

F. **Non-Duplication of Benefits; Other Insurance.** No eligible injured person shall recover duplicate benefits for the same elements of loss under this or any similar insurance including self-insurance. In the event the eligible injured person has other similar insurance including self-insurance available and applicable to the accident, the maximum recovery under all such insurance shall not exceed the amount which would have been payable under the provisions of the insurance providing the highest dollar limit, and the Company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this coverage and such other insurance.

#### SECTION II

In consideration of the coverage afforded under Section I and the adjustment of applicable rates:

(a) any amount payable under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person;

(b) any Automobile Medical Payments or Medical Expense Coverage afforded under this policy shall be excess over any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person.

#### SECTION III

The provisions of such act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy and the provisions of this endorsement shall be voidable or subject to amendment at the option of the Company.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy by a duly authorized agent of the company shall constitute a complete and accurate copy of the original endorsement in the business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the original endorsement.

CONFIDENTIAL

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HARTFORD000554

HFBKPLAN015135

SA 3444

(b) is designed to be self-propelled by an engine or motor for use primarily upon public roads, highways or streets in the transportation of persons or property;

"named insured" means the person or organization named in the declarations;

"occupying" means in or upon, entering into or alighting from;

"relative" means the spouse and any person related to the named insured by blood, marriage or adoption including a minor in the custody of the named insured, spouse or such related person who is a resident of the same household as the named insured, whether or not temporarily residing elsewhere;

"survivors' loss" means

- (a) loss, in the event of the death of an eligible injured person occurring within one year from the date of the accident, of contributions of money or tangible things of economic value, not including services, that his surviving dependents would have received from him for their support during their dependency had he not suffered the fatal bodily injury, and
- (b) expenses reasonably incurred by surviving dependents after the death of an eligible injured person in obtaining ordinary and necessary substitute services in lieu of those he would have performed for their benefit had he not suffered the fatal bodily injury, minus expenses of the surviving dependents avoided by reason of such death,

provided that the dependency of the surviving spouse shall be terminated in the event such surviving spouse remarries or dies, and the dependency of a child who is not physically or mentally incapacitated from earning shall be terminated in the event he attains majority, marries or becomes otherwise emancipated, or dies;

"work loss" means 85% of loss of gross income resulting from the eligible injured person's inability to work, reduced by any income from substitute work actually performed by the eligible injured person, or by any income he would have earned in available appropriate substitute work which he was capable of performing but unreasonably failed to undertake.

#### Policy Period; Territory

This coverage applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

#### Limits of Liability

Regardless of the number of persons insured, policies or plans of self-insurance applicable, claims made or insured motor vehicles to which this coverage applies, the Company's liability for personal injury protection benefits with respect to bodily injury sustained by any one eligible injured person in any one motor vehicle accident shall not exceed \$30,000 in the aggregate and subject to such aggregate:

- (a) the maximum amount payable for medical expenses shall not exceed \$20,000;
- (b) the maximum aggregate amount payable for work loss, essential services expenses, funeral expenses and survivors' loss shall not exceed \$10,000 provided that:
  - 1. the maximum amount payable for work loss shall not exceed \$200 per week;
  - 2. the maximum amount payable for essential services expenses shall not exceed \$15 per day;
  - 3. the maximum amount payable for funeral expenses shall not exceed \$1,250; and
  - 4. the maximum amount payable for survivors' loss
    - (i) with respect to paragraph (a) of the definition of survivors' loss shall not exceed \$200 per week; and
    - (ii) with respect to paragraph (b) of the definition of survivors' loss shall not exceed \$200 per week.

Any amount payable by the Company under the terms of this coverage shall be reduced by:

- (a) any amounts paid, payable or required to be provided on account of such bodily injury under any workers' compensation law;
- (b) the amount of any deductible applicable to medical expenses set forth in the Schedule, but only with respect to bodily injury sustained by the named insured or by a relative, provided that, if two or more such persons sustain bodily injury in the same motor vehicle accident, the total amount of the deductible applicable to all of them shall not exceed the deductible amount stated in the Schedule and such amount shall be allocated equally among them;
- (c) the amount of any deductible applicable to work loss set forth in the Schedule but only with respect to bodily injury sustained by the named insured or any relative.

In consideration of the coverage afforded under Section I and the adjustment of applicable rates:

- (a) any amount payable under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person;

#### SECTION II

#### CONSTITUTIONALITY CLAUSE.

The premium for and the coverages of the policy have been established in reliance upon the provisions of the Minnesota no-fault automobile insurance act. In the event a court of competent jurisdiction declares, or enters a judgment the effect of which is to render,

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

#### Conditions

- A. **Action Against Company.** No action shall lie against the Company unless as a condition precedent thereto, there shall have been full compliance with all the terms of this coverage.
- B. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents within 6 months from the date of the accident. If an eligible injured person, his legal representative or his surviving dependents shall institute legal action to recover damages for bodily injury against a person or organization who is or may be liable in tort therefore, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his surviving dependents.
- C. **Medical Reports; Proof of Claim; Rehabilitation Notice.** As soon as practicable, the eligible injured person or someone on his behalf shall give to the Company written proof of claim under oath if required, including full particulars of the nature and extent of the bodily injury, treatment and rehabilitation received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit a physical and mental examination by physicians selected by the Company when and as often as the Company may reasonably require. An eligible injured person who has undertaken a procedure or treatment for rehabilitation or a course of rehabilitative occupational training, other than medical rehabilitation procedure or treatment, shall notify the Company that he has undertaken the procedure, treatment, or training within 60 days after the rehabilitation expense exceeding \$1,000 has been incurred for the procedure, treatment, or training, unless the Company knows or has reason to know of the undertaking. If the eligible injured person does not give the required notice within the prescribed time, the Company is responsible only for \$1,000 or the expense incurred after the notice is given and within the 60 days before the notice, whichever is greater, unless failure to give timely notice is the result of excusable neglect.
- D. **Subrogation.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment under this coverage, the Company is subrogated to the rights of the person to whom or for whose benefit such payments were made, to the extent of such payments, and such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.
- E. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment to any person under this coverage:
  - 1. the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment, notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
  - 2. such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
  - 3. such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights; and
  - 4. such person shall execute and deliver to the Company instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.
- F. **Non-Duplication of Benefits; Other Insurance.** No eligible injured person shall recover duplicate benefits for the same elements of loss under this or any similar insurance including self-insurance. In the event the eligible injured person has other similar insurance, including self-insurance available and applicable to the accident, the maximum recovery under all such insurance shall not exceed the amount which would have been payable under the provisions of the insurance providing the highest dollar limit, and the Company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this coverage and such other insurance.

#### SECTION III

- (b) any Automobile Medical Payments or Medical Expense Coverage afforded under this policy shall be excess over any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of bodily injury sustained by an eligible injured person.

#### SECTION III

The provisions of such act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy and the provisions of this endorsement shall be voidable or subject to amendment at the option of the Company.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete or accurate copy of the policy.

Form A-3351-0

**CONFIDENTIAL**

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HARTFORD000555

HFBKPLAN015136

SA 3445





**Limit of Liability**

Any amount payable by the Company as personal injury protection benefits with respect to bodily injury shall be reduced by all amounts paid, payable or required to be provided under any workmen's compensation or employees temporary disability law, or under Medicare provided under federal law.

The applicable limit on income continuation benefits applies separately to each full regular and customary work week of an eligible injured person. If his disability from work or employment consists of or includes only a part of such a week, the Company shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the part week bears to the number of days in his full work week.

**Policy Period; Territory**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions or Canada.

**Conditions**

1. Notice. In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or any of its authorized agents as soon as practicable. If any eligible injured person, his legal representative or survivors shall institute legal action to recover damages for injury against a person or organization who is or may be liable in tort therefore, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his survivors.
2. Medical Reports; Proof of Claim. As soon as practicable, the eligible injured person or someone on his behalf shall give to the Company written proof of claim, including full particulars of the nature and extent of the injuries and treatment received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical examination by physicians whom and as often as the Company may reasonably require and a copy of the medical report will be forwarded to such eligible injured person if requested.
3. Multiple Policies Applicable to One Accident: Non-duplication of Benefits; Priority of Complying Policies. Regardless of the number of automobiles insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act, or the number of insurers or policies affording such coverage, there shall be no duplication of payment of basic personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to bodily injury to any one person as the result of any one accident shall not exceed the applicable amounts or limits specified in Section 4 of said Act.
4. This insurance applies on a primary basis to bodily injury to the named insured and his relatives and on a secondary basis to all other eligible injured persons. Similarly, the basic personal injury protection coverage provided by other complying policies applies on a primary basis to bodily injury to those persons who are named insureds under such policies and their relatives. If an eligible injured person to whom this insurance applies on a secondary basis has other basic personal injury protection coverage under another complying policy applicable to his bodily injury on a primary basis, all claims for basic personal injury protection benefits shall first be made against the insurer issuing the other complying policy. No basic personal injury protection benefits shall be due and payable under this insurance unless the other insurer fails to pay such benefits by reason of insolvency and the Company has been given written notice by the claimant of such failure. "Complying Policy" means a policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.
4. Subrogation. In the event of any payment under this endorsement, the Company is subrogated to the rights of the person for whose benefit such payments were made, to the extent of such payments, and such person must execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.
5. Reimbursement and Trust Agreement. Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, in the event of any payment to any person under this endorsement:
  - (a) the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
  - (b) such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
  - (c) such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
  - (d) such person shall execute and deliver to the Company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company. This endorsement takes effect as of the effective date of the policy and, at issue of said policy by a duly authorized agent of the company shall constitute a complete and accurate copy of the policy.

Countersigned by \_\_\_\_\_

A-2091-1 TCRM Printed in U. S. A. (080:ADP95)

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000558**

**HFBKPLAN015139**

**SA 3448**

## 6. Payment of Personal Injury Protection Benefits. Medical expense benefits and essential services benefits may be paid at the option of the Company to the eligible injured person or the person or organization furnishing the products or services for which such benefits are due. In the event of the death of an eligible injured person, any amounts payable, but unpaid prior to death, for medical expense benefits are payable to the eligible injured person's estate.

Benefits payable under subdivision (1) of the definition of survivor benefits are payable to the eligible injured person's surviving spouse, or if there is no surviving spouse, to his surviving children, or if there are no surviving spouse or surviving children, to the eligible injured person's estate.

Benefits payable under subdivision (2) of the definition of survivor benefits are payable to the person who has incurred the expense of providing essential services.

Funeral expense benefits are payable to the eligible injured person's estate.

## SECTION II

### Extended Medical Expense Benefits

The Company will pay medical expense benefits not to exceed the total amount of \$10,000 with respect to bodily injury sustained by an insured person, caused by an accident occurring during the policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, of an insured automobile or of a highway vehicle not owned by or furnished or available for the regular use of the named insured or any relative of the named insured.

### Exclusions

The insurance under Section II is subject to all of the exclusions applicable to Section I, except that the word "person" in exclusion (c) is replaced by the word "pedestrian".

### Definitions

The definitions under Section I apply to Section II and under Section II:

- "highway vehicle" means a land motor vehicle or trailer other than (1) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads, (2) a vehicle operated on rails or crawler-treads or (3) a vehicle while located for use as a residence or premises;

"insured person" means

- (a) the named insured or any relative of the named insured, if the named insured or relative sustains bodily injury
  - (1) while occupying, using, entering into or alighting from a highway vehicle; or
  - (2) while a pedestrian, caused by a highway vehicle;
- (b) any other person who sustains bodily injury while occupying a highway vehicle (other than a motorcycle or a vehicle while being used as a public or livery conveyance) if such highway vehicle is being operated by the named insured or a relative of the named insured or any other person using such highway vehicle with the permission of the named insured;
- (c) any other person who sustains bodily injury while occupying an insured automobile if such insured automobile is being operated by the named insured or a relative of the named insured or any other person using such insured automobile with the permission of the named insured.

### Conditions

Conditions 1, 2 and 4 of Section I apply to Section II, substituting the term "insured person" for "eligible injured person" wherever it appears therein. The following additional condition applies under Section II:

**Other Insurance or Benefits.** This insurance does not apply to loss or expense with respect to which an insured person is entitled to benefits under any workmen's compensation law or Medicare provided under federal law or under Section 4 of the New Jersey Automobile Reparation Reform Act.

This insurance does not apply to loss or expense to the extent that benefits are payable or are required to be provided therefor under any other automobile no-fault law or under any other automobile medical payments insurance.

## SECTION III

In consideration of the insurance afforded under Sections I and II of this endorsement, and the adjustment of applicable rates:

- (a) any amount payable for economic loss under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable under this or any other automobile insurance policy because of bodily injury to an eligible injured person;
- (b) any Automobile Medical Payments or Medical Expense Coverage afforded under the policy is deleted with respect to an automobile which is an insured automobile.

## SECTION IV

### Premium Recomputation

The premium for the policy is based on rates which have been reduced in accordance with Section 18 of the New Jersey Automobile Reparation Reform Act to reflect the limitations on the right to recover damages imposed by Section 8 of said Act. If a court of competent jurisdiction declares, or enters a judgment the effect of which is to render Section 8 of the Act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy on the basis of revised rates which are subject to approval by the Commissioner of Insurance.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company. This endorsement takes effect as of the effective date of the policy and, at issue of said policy by a duly authorized agent of the company shall constitute a complete and accurate copy of the policy.

Countersigned by \_\_\_\_\_

**Limit of Liability**

Any amount payable by the Company as personal injury protection benefits with respect to bodily injury shall be reduced by all amounts paid, payable or required to be provided under any workmen's compensation or employees temporary disability law, or under Medicare provided under federal law.

The applicable limit on income continuation benefits applies separately to each full regular and customary work week of an eligible injured person. If his disability from work or employment consists of or includes only a part of such a week, the Company shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the part week bears to the number of days in his full work week.

**Policy Period; Territory**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions or Canada.

**Conditions**

**1. Notice.** In the event of an accident, written notice containing particulars sufficient to identify the eligible injured person, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each eligible injured person to the Company or one of its authorized agents as soon as practicable. If an eligible injured person, his legal representative or survivors shall institute legal action to recover damages for injury or against a person or organization who is or may be liable in tort therefore, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such eligible injured person, his legal representative or his survivors.

**2. Medical Reports; Proof of Claim.** As soon as practicable the eligible injured person or someone on his behalf shall give to the Company written proof of claim, including full particulars of the nature and extent of the injuries and treatment received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The eligible injured person shall submit to physical examination by physicians when and as often as the Company may reasonably require and a copy of the medical report will be forwarded to such eligible injured person if requested.

**3. Multiple Policies Applicable to One Accident: Non-duplication of Benefits; Priority of Complying Policies.** Regardless of the number of automobiles insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act, or the number of insurers or policies affording such coverage, there shall be no duplication of payment of basic personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to bodily injury to any one person as the result of any one accident shall not exceed the applicable amounts or limits specified in Section 4 of said Act.

This insurance applies on a primary basis to bodily injury to the named insured and his relative and on a secondary basis to all other eligible injured persons. Similarly, the basic personal injury protection coverage provided by other complying policies applies on a primary basis to bodily injury to those persons who are named insureds under such policies and their relatives. If an eligible injured person to whom this insurance applies on a secondary basis has other basic personal injury protection coverage under another complying policy applicable to his bodily injury on a primary basis, all claims for basic personal injury protection benefits shall first be made against the insurer issuing the other complying policy. No basic personal injury protection benefits shall be due and payable under this insurance unless the other insurer fails to pay such benefits by reason of insolvency and the Company has been given written notice by the claimant of such failure. "Complying Policy" means a policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.

**4. Subrogation.** In the event of any payment under this endorsement, the Company is subrogated to the rights of the person for whose benefit such payments were made, to the extent of such payments, and such person must execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

**5. Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, in the event of any payment to any person under this endorsement:

- (a) the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury because of which such payment is made; and the Company shall have a lien to the extent of such payment notice of which may be given to the person or organization causing such bodily injury, his agent, his insurer or a court having jurisdiction in the matter;
- (b) such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such bodily injury;
- (c) such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- (d) such person shall execute and deliver to the Company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

**6. Payment of Personal Injury Protection Benefits.** Medical expense benefits and essential services benefits may be paid at the option of the Company to the eligible injured person or the person or organization furnishing the products or services for which such benefits are due. In the event of the death of an eligible injured person any amounts payable, but unpaid prior to death, for medical expense benefits are payable to the eligible injured person's estate.

Benefits payable under subdivision (1) of the definition of survivor benefits are payable to the eligible injured person's surviving spouse, or if there is no surviving spouse, to his surviving children, or if there are no surviving spouse or surviving children, to the eligible injured person's estate.

Benefits payable under subdivision (2) of the definition of survivor benefits are payable to the person who has incurred the expense of providing essential services.

Funeral expense benefits are payable to the eligible injured person's estate.

**SECTION II****Extended Medical Expense Benefits**

The Company will pay medical expense benefits not to exceed the total amount of \$10,000 with respect to bodily injury sustained by an insured person, caused by an accident occurring during the policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, of an insured automobile or of a highway vehicle not owned by or furnished or available for the regular use of the named insured or any relative of the named insured.

**Exclusions**

The insurance under Section II is subject to all of the exclusions applicable to Section I, except that the word "person" in exclusion (c) is replaced by the word "pedestrian".

**Definitions**

The definitions under Section I apply to Section II and under Section II: "highway vehicle" means a land motor vehicle or trailer other than (1) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads, (2) a vehicle operated on rails or crawler-treads or (3) a vehicle while located for use as a residence or premises;

"Insured person" means:

- (a) the named insured or any relative of the named insured, if the named insured or relative sustains bodily injury
  - (1) while occupying, using, entering into or alighting from a highway vehicle; or
  - (2) while a pedestrian, caused by a highway vehicle;
- (b) any other person who sustains bodily injury while occupying a highway vehicle (other than a motorcycle or a vehicle while being used as a public or livery conveyance) if such highway vehicle is being operated by the named insured or a relative of the named insured or any other person using such highway vehicle with the permission of the named insured;
- (c) any other person who sustains bodily injury while occupying an insured automobile if such insured automobile is being operated by the named insured or a relative of the named insured or any other person using such insured automobile with the permission of the named insured.

**Conditions**

Conditions 1, 2 and 4 of Section I apply to Section II, substituting the term "Insured person" for "eligible injured person" wherever it appears therein. The following additional condition applies under Section II:

**Other Insurance or Benefits.** This insurance does not apply to loss or expense with respect to which an insured person is entitled to benefits under any workmen's compensation law or Medicare provided under federal law or under Section 4 of the New Jersey Automobile Reparation Reform Act.

This insurance does not apply to loss or expense to the extent that benefits are payable or are required to be provided therefor under any other automobile no-fault law or under any other automobile medical payments insurance.

**SECTION III**

In consideration of the insurance afforded under Sections I and II of this endorsement, and the adjustment of applicable rates:

- (a) any amount payable for economic loss under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable under this or any other automobile insurance policy because of bodily injury to an eligible injured person;
- (b) any Automobile Medical Payments or Medical Expense Coverage afforded under the policy is deleted with respect to an automobile which is an insured automobile.

**SECTION IV****Premium Recomputation**

The premium for the policy is based on rates which have been reduced in accordance with Section 18 of the New Jersey Automobile Reparation Reform Act to reflect the limitations on the right to recover damages imposed by Section 8 of said Act. If a court of competent jurisdiction declares, or enters a judgment the effect of which is to render, Section 8 of the Act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy on the basis of revised rates which are subject to approval by the Commissioner of Insurance.

The company located these documents in its electronic records. At this time, this company agent does not certify that these documents constitute a complete and accurate copy of the policy.

A-2991-1 TERM Printed in U.S.A. (ISO: A589b)

**CONFIDENTIAL**

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HARTFORD000559

HFBKPLAN015140

SA 3449

## COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

**10 C A43342E**

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
C — Bodily Injury Liability	\$ 1710.00	\$ 500 \$ 500 \$ 500 \$ 500
D — Property Damage Liability	\$ 1074.00	\$ 500 \$ 500 \$ 500

## Description of Hazards

1. Owned Automobiles	Premium Basis — Per Automobile			(a) Purpose of Use Classification	Advance Premiums
	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage, Bus Seating Capacity)	Identification No. (I) Serial No. (S) Motor No. (M)	Town and State in which the automobile will be principally garaged	

SEE SCHEDULE ATT

2. Hired Automobiles		Premium Basis—Cost of Hire		
Types Hired (h)	Locations where automobiles will be principally used	Purposes of Use (a)	Estimated Cost of Hire Coverage C	Rates per \$100 Cost of Hire Coverage C Coverage D

IF ANY NORTH BRUNSWICK N.J. COMM

3. Non-Owned Automobiles		Premium Basis—Class 1 Persons and Class 2 Employees		
Class 1 Persons—Location of Headquarters of Class 1 Persons and Total Number of such persons at each location		Rates Per Person		

NORTH BRUNSWICK N.J.  
IF ANY

Class 2 Employees—Estimated Average Number		Location of Headquarters of Class 2 Employees	Rates Per Employee	
Coverage C	Coverage D			

900 NORTH BRUNSWICK N.J.

Form Numbers of Endorsements forming part of this Coverage Part at issue:	TOTAL ADVANCE PREMIUMS	
	.258	.133

153.00 79.00

\$ 1710.00 \$ 1074.00

The conditions and provisions printed on page CAL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, printed above his signature, which makes effect as of the effective date of the policy and, at issue of said policy, forms a part thereto. Counter-signature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counter-signature on this Coverage Part. At this time, the company

does not certify that these documents constitute a complete and accurate copy of the policy.

(a) P &amp; B = Pleasure and Business; C = Commercial

(b) PP = Private Passenger Automobile; C = Commercial Automobile

CONFIDENTIAL

HARTFORD000560

Confidential - Subject to Protective Order

HFBKPLAN015141

SA 3450

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE—COVERAGE PART**



COMPANY COPY

<u>Und. Approved</u>	<u>Confidential Report</u>	<u>Und. Notes:</u>
<u>Quality Control</u>		

This Coverage Part forms a part of Policy No. **10 C A43342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

*(For use only if this Coverage Part is effective after the effective date of the Policy)*

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
C — Bodily Injury Liability	\$ 1710.00	\$500 ,000 each person \$500 ,000 each occurrence
D — Property Damage Liability	\$ 1074.00	\$500 ,000 each occurrence

**1. Owned Automobiles**      **Premium Basis**      **Description of Vehicles**

1. Owned Automobiles		Premium Basis — Per Automobile			Advance Premiums	
Year Model Trade Name	Body Type - Truck Size (Truck Load, Gullonge, Bus Seating Capacity)	Identification No. (1) Town and State in which the automobile will be principally garaged	Serial No. (S) Motor No. (M)	For Purpose of Use	Classification	Coverage C      Coverage D

**SEE SCHEDULE ATT**

Correct this

**1557.00**      **995.00**

Correct this

<b>Types Hired (b)</b>	<b>Locations where automobiles will be principally used</b>	<b>Purposes of Use (a)</b>	<b>Estimated Cost of Hire</b>	<b>Rates per \$100 Cost of Hire</b>	
				<b>Coverage C</b>	<b>Coverage D</b>

IF ANY NORTH BRUNSWICK N J COMM

3. Non-Owned Automobiles		PPT Premium Basis—Class 1 Persons and Class 2 Employees		
Class 1 Persons—Location of Headquarters of Class 1 Persons and Total Number of such persons at each location				Rates Per Person
		Coverage C	Coverage D	
NORTH BRUNSWICK N.J.	IF ANY			

Class 2 Employees—Estimated Average Number	Location of Headquarters of Class 2 Employees	Rates Per Employee		S
		Coverage C	Coverage D	
900	NORTH BRUNSWICK N J	.258	.133	153.00 79.00

**Form Numbers of Endorsements forming part of this Coverage Part at issue:** **TOTAL ADVANCE PREMIUMS** \$ 1710.00 \$ 1074.00  
 The conditions and provisions printed on page CAL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall not be required.

(a)  $P \& B$  = Pleasure and Business;  $C$  = Commercial  
(b)  $PP$  = Private Passenger Automobile;  $C$  = Commercial Automobile

does not certify that these documents constitute a complete and accurate copy of the policy.

Figure 3. 1997-9: Standardized mortality ratios, all ages.

GAL-1

HARTEFORD000561

CONFIDENTIAL

**Confidential - Subject to Protective Order**

HERKBLAN015143

SA 3451

**Automobile Medical Payments  
Insurance Coverage Part**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No..... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

COMPANY COPY

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

**SCHEDULE**

The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premium	Limits of Liability
F — Automobile Medical Payments	\$ 346.00	\$ 5,000 each person

**Designation of Automobiles—Division 1**

- (1)  Any owned automobile
- (2)  Any hired automobile
- (3)  Any licensed owned private passenger automobile
- (4)  Any automobile described in the schedule and designated "M.P."
- (5)  Any non-owned automobile
- (6)  .....

**Designated Person Insured—Division 2**

**Advance Premium**

\$

\$

\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

The conditions and provisions printed on page AMP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part. These documents in the

business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000562**

HFBKPLAN015143

**SA 3452**

ATTACH FORMS ALONG MARGIN BELOW THIS MARK + COMPANY COPY

**Automobile Medical Payments  
Insurance Coverage Part**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the *named insured* as follows:

**SCHEDULE**

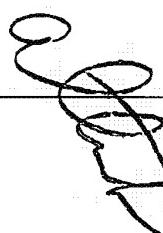
The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premium	Limit of Liability
F — Automobile Medical Payments	\$ 346.00 1443.00	\$ 5,000 each person

**Designation of Automobiles—Division 1**

- (1)  Any owned automobile
- (2)  Any hired automobile
- (3)  Any licensed owned private passenger automobile
- (4)  Any automobile described in the schedule and designated "M.P."
- (5)  Any non-owned automobile
- (6)  .....

**Designated Person Insured—Division 2**



Advance Premium

Form Numbers of Endorsements forming part of this Coverage Part at issue:

The conditions and provisions printed on page AMP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, for purposes of establishing the effectiveness of this policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000563

HFBKPLAN015144

SA 3453

## Protection Against UNINSURED MOTORISTS INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective .....(at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the *named insured* as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ <del>26.08</del> 32.00	\$ 15 ,000 each person
		\$ 30 ,000 each accident

Designated Insured:

## AS RESPECTS TO: NEW JERSEY

Description of Insured Highway Vehicles  
(Check appropriate box)

- Any automobile owned by the *named insured*
- Any private passenger automobile owned by the *named insured*
- Any highway vehicle to which are attached dealer's license plates issued to the *named insured*
- Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the *named insured* as a replacement therefor
- Any mobile equipment owned or leased by and registered in the name of the *named insured*
- 

I. COVERAGE U — UNINSURED MOTORISTS  
(Damages for Bodily Injury)

The company will pay all sums which the *insured* or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of *bodily injury* sustained by the *insured*, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the *insured* or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the *insured* or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the *bodily injury* shall be conclusive, as between the *insured* and the company, of the issues of liability of such person or organization or of the amount of damages to which the *insured* is legally entitled unless such judgment is entered pursuant to an action prosecuted by the *insured* with the written consent of the company.

## Exclusions

This insurance does not apply:

- (a) to *bodily injury* to an *insured* with respect to which such *insured*, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to *bodily injury* to an *insured* while occupying a highway vehicle (other than an insured highway vehicle) owned by the *named insured*, any designated insured or any relative resident in the same household as the *named* or *designated insured*, or through being struck by such a vehicle, but this exclusion does not apply to the *named insured* or his relatives while occupying or if struck by a highway vehicle owned by a *designated insured* or his relatives;
- (c) so as to insure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## II. PERSONS INSURED

Each of the following is an *insured* under this insurance to the extent set forth below:

- (a) the *named insured* and any *designated insured* and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of *bodily injury* to which this insurance applies sustained by an *insured* under (a) or (b) above.

The insurance applies separately with respect to each *insured*, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if it is countersigned by a person other than a duly authorized agent of the company, it does not constitute valid countersignature of this Coverage Part.

This Coverage Part does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000564

HFBKPLAN015145

SA 3454

## Protection Against UNINSURED MOTORISTS INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved:	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the *named insured* as follows:

## SCHEDULE

The Insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U - Uninsured Motorists	\$ 18.00 277.00	\$10 ,000 each person \$20 ,000 each accident

## Designated Insured:

## AS RESPECTS TO: WISCONSIN MAINE AND MINNESOTA

Description of Insured Highway Vehicles  
(Check appropriate box)

- Any automobile owned by the *named insured*
- Any private passenger automobile owned by the *named insured*
- Any highway vehicle to which are attached dealer's license plates issued to the *named insured*
- Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the *named insured* as a replacement therefor
- Any mobile equipment owned or leased by and registered in the name of the *named insured*
- 

I. COVERAGE U—UNINSURED MOTORISTS  
(Damages for Bodily Injury)

The company will pay all sums which the *insured* or his legal representative shall be legally entitled to recover as damages from the owner or operator of an *uninsured highway vehicle* because of *bodily injury* sustained by the *insured*, caused by accident and arising out of the ownership, maintenance or use of such *uninsured highway vehicle*; provided, for the purposes of this coverage, determination as to whether the *insured* or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the *insured* or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the *bodily injury* shall be conclusive, as between the *insured* and the company, of the issues of liability of such person or organization or of the amount of damages to which the *insured* is legally entitled unless such judgment is entered pursuant to an action prosecuted by the *insured* with the written consent of the company.

## Exclusions

This insurance does not apply:

- (a) to *bodily injury* to an *insured* with respect to which such *insured*, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to *bodily injury* to an *insured* while occupying a *highway vehicle* (other than an *insured highway vehicle*) owned by the *named insured*, any *designated insured* or any relative resident in the same household as the *named or designated insured*, or through being struck by such a vehicle, but this exclusion does not apply to the *named insured* or his relatives while occupying or if struck by a *highway vehicle* owned by a *designated insured* or his relatives;
- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## II. PERSONS INSURED

Each of the following is an *insured* under this insurance to the extent set forth below:

- (a) the *named insured* and any *designated insured* and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an *insured highway vehicle*;
- (c) any person, with respect to damages he is entitled to recover because of *bodily injury* to which this insurance applies sustained by an *insured* under (a) or (b) above.

The insurance applies separately with respect to each *insured*, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company. This Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, for a period thereafter corresponding to the deductible scope of said policy by a duly authorized agent of the company shall constitute valid countersignature of the Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.

## Protection Against UNINSUR'D MOTORISTS INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 26.00	\$ 15,000 each person \$ 30,000 each accident

Designated Insured:

## AS RESPECTS TO: NEW JERSEY

Description of Insured Highway Vehicles  
(Check appropriate box)

- Any automobile owned by the named insured
- Any private passenger automobile owned by the named insured
- Any highway vehicle to which are attached dealer's license plates issued to the named insured
- Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- Any mobile equipment owned or leased by and registered in the name of the named insured
- 

I. COVERAGE U — UNINSURED MOTORISTS  
(Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

## Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided, however, that it shall take effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, comprising, unless the declaratory page of said policy by a duly authorized agent of the company shall constitute valid countersignature to the coverage part, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000566

HFBKPLAN015147

SA 3456

**Automobile Physical Damage  
Insurance (Fleet Automatic) Coverage Part**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

COMPANY COPY

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## Items

1.(a) The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges and, under each such coverage, applies only to such *covered automobiles* as are indicated, by entry herein, of one or more of the designating numerals for that purpose appearing in division (b) of this item. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

## SCHEDULE

Coverages	★Covered Automobiles	Limit of Liability — each covered automobile	Advance Premiums
O. Comprehensive	CA- CA-	ACV \$ \$	\$ 261.00
P. Collision	CA- CA-	\$ \$	\$
Q. Fire, Lightning or Transportation	CA- CA-		\$
R. Theft	CA- CA-		\$
S. Windstorm, Hail, Earthquake or Explosion	CA- CA-		\$
T. Combined Additional	CA- CA-		\$
V. Towing (Not available in California)	CA- CA-	\$25 for each disablement	\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:	Maximum Limit of Liability	Advance Premium for Endorsements	Advance Premiums
	\$ Any one covered automobile	\$	\$
	\$ All covered automobiles at any one location	\$	\$ 211.00
	\$ All covered automobiles	\$ .290.00	

Records to be submitted ("M" = monthly; "Q" = quarterly; "S" = semi-annually):

- (b) Explanation of above entries designating the *covered automobiles* to which this insurance applies, under each Coverage afforded:  
 ★ CA-1 = all *covered automobiles* CA-5 = the *covered automobiles* described in the Schedule of Covered Automobiles made a part hereof (including newly acquired vehicles, subject to the provisions of paragraph (b) of the "covered automobile" definition)  
 CA-2 = all registered *covered automobiles*  
 CA-3 = all *covered automobiles* of the *private passenger type*  
 CA-4 = all *covered automobiles* of the *commercial type*  
 When also entered with CA-1, 2, 3 or 4:  
 6 = excluding vehicles leased to the *named insured*  
 7 = excluding under Collision Coverage, any vehicle not having an actual cash value of at least \$

1. Schedule of Covered Automobiles as of effective date of this insurance (a) Description; (b) Facts Respecting Purchase; (c) Limit of Liability (if not stated in Item 1 above), Rates, Advance Premiums											
AUTO No.	(a) Year Model Trade Name (Truck, Lorry, Galleon, Bus Seating)	Body Type - Capacity Gross Weight, Galleon, Bus Seating	Classification No. (I), Serial No. (S), Motor No. (M)	No. of Cyl. Model	Principally garaged in (Town, State)	*Purpose of Use	Classification				
1	<b>SEE SCHEDULE ATTACHED</b>										
2											
AUTO No.	(b) List Price	Actual Cost	Purchased Mo./Yr.—New (N); Used (U)	Rating Symbol	Any loss under Coverages other than Towing is payable as interest may appear to the <i>named insured</i> and the Loss Payee named below:						
1											
2											
AUTO No.	(c) Limit of Liability—each <i>covered automobile</i> described in (a) above and covered for: Cov. O Cov. P Cov. Q Cov. R Cov. S Cov. T Cov. V	Rates	Advance Premiums								
1	Amount or "ACV" Deductible	"ACV" Deductible	\$ \$ \$ \$ \$ \$ \$								
2	\$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$								

"ACV" means Actual Cash Value      Totals \$ \$ \$ \$ \$ \$ \$

3. Except with respect to bailment lease, conditional sale, purchase agreement, mortgage or other encumbrance, the *named insured* is the sole owner of every *covered automobile* designated above as covered under this insurance, unless otherwise stated herein:

The conditions and provisions printed on pages PHF-2, PHF-3 and PHF-4 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that this Coverage Part shall take effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declaration page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part. Secure copy of the policy.

\* P &amp; B = Pleasure and Business; C = Commercial

A-3011-1 CDR Printed in U.S.A. (ISO: CP-00-35) Ed. 8-'74

Countersigned by.....

PHF-1

Authorized Agent

CONFIDENTIAL

HARTFORD000567

Confidential - Subject to Protective Order

HFBKPLAN015148

SA 3457

## GARAGE INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +

Coverages	Limits of Liability	Hazards	Advance Premiums
<b>GARAGE LIABILITY</b>		<i>Garage operations including</i>	
G. Bodily Injury Liability	\$.....,000 each person	Automobile Hazard 1 \$	
	\$.....,000 each occurrence	Automobile Hazard 2 \$	
		Escalators \$	
<b>EXPENSES FOR MEDICAL SERVICES</b>		<i>Garage operations including</i>	
I. Automobile Medical Payments	\$.....	Automobile Hazard 1 \$	
I. and J. Automobile and Premises Medical Payments	each person	Automobile Hazard 2 \$	
		Escalators \$	
<b>GARAGEKEEPERS' LEGAL LIABILITY</b>		<b>Premium Rate</b>	
K-1. Fire and Explosion		% of Coverage G Premium \$	
K-2. Theft of the Entire Automobile			
K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism		% of Coverage G Premium \$	
K-4. Collision or Upset	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	Less Deductible \$	572.00 483.00
			INCL
		\$25 each loss caused by malicious mischief or vandalism	168.00
		\$ 250 each loss caused by Collision or Upset	388.00
			368.00
Form Numbers of Endorsements forming part of this Coverage Part at issue:		Advance Prem. for Endorsements \$	
		TOTAL ADVANCE PREMIUMS \$	1,000.00 / 0584

The following are the addresses of all premises where the named insured conducts garage operations.

Loca- tion No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY — Premium Basis		GARAGE LIABILITY — Rates		GARAGEKEEPERS' LEGAL LIABILITY				
		(1) (2) (3): Remuneration	(4): Total Number	(1) (2) (3): Per \$100 Remuneration	(4): Per Automobile	(5): Per Escalator	Coverage G	Coverage H	Limit of Liability	Maximum No. of Customers/ Automobiles Stored
1	PHILTOWER BLDG TULSA OKLA	(1) Class A \$.....							750,000	315
	Description of Escalator Location in Building	Code No.	(2) Class B \$.....						\$.....	
			(3) Class C \$.....							
			(4) Furnished Automobiles.							
			(5) Escalators							
2										
	Description of Escalator Location in Building	Code No.	(1) Class A \$.....							
			(2) Class B \$.....							
			(3) Class C \$.....							
			(4) Furnished Automobiles.							
			(5) Escalators							

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 are hereby incorporated by reference; the company

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature on this coverage part.

The company located these documents in its

Name:

Number of Such Automobiles:

CONFIDENTIAL

Confidential - Subject to Protective Order

**Schedule of Automobiles and Covered Automobiles PAGE 1**

10 C 8342E

This Schedule forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this Insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Description - Type, Trim, Size Gasoline Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Product New/Used	Casualty Coverages		Physical Damage Coverages		Towing & Labor Costs	Automobile Premium	
						Original Cost New or Rating Symbol	PIP Medical Payments	BLish. Prem. Uninsured Motorist Premium	PDish. Prem. Uninsured Motorist Premium	Nan. Col. Cov. (Insert Applicable Symbols)	Am't or ACV (Insert Applicable Symbols)	Deductible if any (Insert Applicable Cash Value)
1.	69 CHEV DUMP #CS439P843448			C		\$ 11.00	\$ 39.00	\$	\$	\$	\$	\$
	MENDHAM N J	25		8CA		\$ 22.00	\$ 2.00	\$	\$	\$	\$	\$
2.	71 DODGE S W #B23A41S120542			P&B		\$ 86.00	\$ 52.00	\$	\$	\$	\$	\$
	MENDHAM N J	25		PPT		\$ 6.00	\$	\$	\$	\$	\$	\$
3.	69 CHEV P U #CS139T830725			C		\$ 54.00	\$ 45.00	\$	\$	\$	\$	\$
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00	\$	\$	\$	\$	\$
4.	60 CHEV P U #KS2495804986			C		\$ 54.00	\$ 45.00	\$	\$	\$	\$	\$
	MENDHAM N J	25		6		\$ 17.00	\$ 2.00	\$	\$	\$	\$	\$
5.	70 FORD TRACTOR #C243596					\$ 13.00	\$ 4.00	\$	\$	\$	\$	\$
	MENDHAM N J	25	MOBILE EQUIPMENT			\$	\$	\$	\$	\$	\$	\$
6.	66 CHEV VAN #PG1266P105182			P&B		\$ 86.00	\$ 52.00	\$	\$	\$	\$	\$
	MENDHAM N J	25		PPT		\$ 6.00	\$	\$	\$	\$	\$	\$
7.	66 INT'L BACKHOE #05182					\$ 1.00	\$ 2.00	\$	\$	\$	\$	\$
	MENDHAM N J	25	MOBILE EQUIPMENT			\$ 13.00	\$ 4.00	\$	\$	\$	\$	\$
						\$	\$	\$	\$	\$	\$	\$
Total						\$ 377.00	\$ 261.00					
Loss Payees — IDENTIFY BY UNIT OR ENTRY NO.						\$ 12.00	\$					
No.	Name and Address of Loss Payee							\$ 58.00	\$ 10.00			
	CSI 9% (.91) INCL											

Note: Available in California \*P & B = Pleasure and Business; C = Commercial  
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.  
No. Name and Address of Loss Payee  
CSI 9% (.91) INCL

The Company retains these documents in its business files. Please note, the Company does not certify that these documents constitute a complete and accurate copy of the policy.

Schedule of Automobiles

A-3471-2 Printed in U. S. A.

CONFIDENTIAL

HARTFORD000569

Confidential - Subject to Protective Order

HFBKPLAN015150

SA 3459

**Schedule of Automobiles and Covered Automobiles**

10 CG 433428

This Schedule forms a part of Policy No. 10 CG 433428 issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 11/75  
12:01 A. M., standard time.

THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyl., Truck Load, Gallons Gas Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New/Used	Casualty Coverages		Physical Damage Coverages		Towing and Labor Costs	Automobile Premium			
						Bl. Lbs. Prem.	PD Limit. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or Definite Value if any	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible any	Rates	Premiums (check covered automobile)
Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium									
8.	73 DODGE P U #026BE3F103904	C			\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$		
	MENDHAM N J	25	6		\$ 17.00	\$ 2.00		\$	\$	\$	\$	\$		
9.	68 CHEV P U #CS148T122234	C			\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$		
	MENDHAM N J	25	6		\$ 17.00	\$ 2.00		\$	\$	\$	\$	\$		
10.	68 CHEV P U #CS148T122265	C			\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$		
	MENDHAM N J	25	6		\$ 17.00	\$ 2.00		\$	\$	\$	\$	\$		
11.	72 CHEV P U #CCS142B139673	C			\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$		
	MENDHAM N J	25	6		\$ 17.00	\$ 2.00		\$	\$	\$	\$	\$		
12.	64 CHEV STAKE TRK #4C369T132515	C			\$ 71.00	\$ 59.00		\$	\$	\$	\$	\$		
	MENDHAM N J	25	8 CA		\$ 22.00	\$ 2.00		\$	\$	\$	\$	\$		
13.	68 FORD TRACTOR C187425				\$ 13.00	\$ 4.00		\$	\$	\$	\$	\$		
	NORTH BRUNSWICK N J	40	MOBILE EQUIPMENT		\$	\$		\$	\$	\$	\$	\$		
14.	72 FORD 1 1/2 T TRK #F50CEN633371	C			\$ 122.00	\$ 77.00		\$	\$	\$	\$	\$		
	NORTH BRUNSWICK N J	40	8CA		\$ 33.00	\$ 2.00		\$	\$	\$	\$	\$		

†Not Available in California \*P &amp; B = Pleasure and Business; C = Commercial

LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (.91) INC.

THE COMPANY CHECKS THESE DOCUMENTS IN ITS

BUSINESS INTEREST AT THE TIME THIS COMPANY

DOES NOT CALL FOR THAT THESE DOCUMENTS CONSTITUTE

A COMPLETE AND ACCURATE COPY OF THE POLICY.

A-3471-0 Printed in U.S.A.

Schedule of Automobiles

CONFIDENTIAL

HARTFORD000570

Confidential - Subject to Protective Order

HFBKPLAN015151

SA 3460

**Schedule of Automobiles and Covered Automobiles****10 C 03342B**

This Schedule forms a part of Policy No. 10 C 03342B, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**1 1 75**

Effective date 12:01 A. M., standard time.

**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Garageage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased New/Vr. New-Used	Casualty Coverages		Physical Damage Coverages		Automobile Premium		
						BL Lab. Premium	PD Lab. Premium	Non-Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rate	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost, New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rate	
15.	72 INT'L WAGONEER A838606490094			C		\$ 91.00	\$ 56.00		\$	\$	\$	\$.
	NORTH BRUNSWICK N J	40	6			\$ 28.00	\$ 2.00		\$	\$	\$	\$.
16.	68 FORD TR J #P35YEC58580			C		\$ 153.00	\$ 94.00		\$	\$	\$	\$.
	NORTH BRUNSWICK N J	40	5CA			\$ 39.00	\$ 2.00		\$	\$	\$	\$.
17.	74 CHEV CARRYALL #CCZ264F180084			P&B		\$ 82.00	\$ 52.00		\$	\$	\$	\$.
	ARRINGTON MAINE	10	PPT			\$ 17.00	\$ 3.00		\$	\$	\$	\$.
18.	74 CHEV CARRYALL #CCZ264F178865			P&B		\$ 82.00	\$ 52.00		\$	\$	\$	\$.
	ORRINGTON MAINE	10	PPT			\$ 17.00	\$ 3.00		\$	\$	\$	\$.
19.	72 CHEV CARRYALL #CCE262F175642			P&B		\$ 123.00	\$ 47.00		\$	\$	\$	\$.
	BOULDER JUNCT WISC	09	PPT			\$ 19.00	\$ 3.00		\$	\$	\$	\$.
20.	71 CHEV SUBURBAN #CE3614102709			P&B		\$ 123.00	\$ 47.00		\$	\$	\$	\$.
	BOULDER JUNCH WISC	09	PPT			\$ 19.00	\$ 3.00		\$	\$	\$	\$.
21.	73 INT'L TRAVEALL #3HOHOCHB51426			C		\$ 57.00	\$ 35.00		\$	\$	\$	\$.
	BOULDER JUNCH WISC	09	5CA			\$ 17.00	\$ 3.00		\$	\$	\$	\$.
						<b>Total</b>	<b>\$ 711.00</b>	<b>\$ 383.00</b>				

†Not Available in California \*P &amp; B = Pleasure and Business; C = Commercial

LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (.91) INCL

The company has located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

A-3471-6 Printed in U. S. A.

**CONFIDENTIAL**Confidential - Subject to Protective  
Order**HARTFORD000571****HFBKPLAN015152****SA 3461**

Schedule of Automobiles

**Schedule of Automobiles and Coated Automobiles**

10 C 433428

This Schedule forms a part of Policy No. 10 C 433428 issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1175

Effective date 12:01 A. M., standard time



THE HARTFORD

As respects each *covered automobile* described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type, Truck Size No. of Cyl., Truck Load, Gallage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use Purchased Mo./Yr. New/Used	Original Cost New or Rating Symbol	Casualty Coverages			Personal Damage Coverages			Premiums (each cov- ered auto- mobile)	Premises and Labor Costs
						BL Lab. Prem.	PD Lab. Prem.	Non. Coll. Cov. (Insert App. licable Symbols)	Am. or "ACV" (Actual Cash Value)	Deductible if any	Rates		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert App. licable Symbols)	Am. or "ACV" (Actual Cash Value)	Reducible if any	Rates		
22.	71 FORD ECONOLINE	E22GHE50128	C			\$ 47.00	\$ 33.00		\$	\$	\$		
		ELY MINNESOTA	07	5CA		\$ 9.00	\$						
23.	72 CHEV CARRYALL	CC262F174138	P&B			\$	\$		0	\$	\$		
		ORRINGTON MAINE	10	PPT	3700	\$	\$		\$	\$	\$	28.00	
24.	72 CHEV CARRYALL CC262F162143		P&B			\$	\$		0	\$	\$		
		ORRINGTON MAINE	10	PPT	3700	\$	\$		\$	\$	\$	28.00	
25.	73 CHEV CARRYALL CCZ263F171514		P&B			\$	\$		0	\$	\$		
		ORRINGTON MAINE	10	PPT	4000	\$	\$		\$	\$	\$	52.00	
26.	73 CHEV CARRYALL CCZ263F171671		P&B			\$	\$		0	\$	\$		
		ORRINGTON MAINE	10	PPT	4000	\$	\$		\$	\$	\$	52.00	
27.	71 CHEV CARRYALL CS261F650350		P&B			\$	\$		0	\$	\$		
		ORRINGTON MAINE	10	PPT	4252	\$	\$		\$	\$	\$	38.00	
28.	69 CHEV CARRYALL CE168F173539		P&B			\$	\$		0	\$	\$		
		BOULDER JUNCT WISC	09	PPT	1275	\$	\$		\$	\$	\$	19.00	
						T O	\$ 47.00	\$ 33.00					
						T A	\$ 9.00	\$					

†Not Available in California \*P &amp; B = Pleasure and Business; C = Commercial

LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

DSL 9% (.91) INCL

THE COMPANY HEREBY CERTIFIES THAT THE DOCUMENTS CONTAINED  
HEREIN ARE TRUE AND CORRECT AS OF THIS DATE. THE COMPANY  
FURTHER CERTIFIES THAT THESE DOCUMENTS CONSTITUTE  
A COMPLETE AND ACCURATE COPY OF THE POLICY.

Schedule of Automobiles

A-3471-6 Printed in U.S.A.

CONFIDENTIAL

HARTFORD000572

Confidential - Subject to Protective Order

HFBKPLAN015153

SA 3462

## Schedule of Automobiles and Coveted Automobiles

10 C A 842E

This Schedule forms a part of Policy No.                   , issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1175

12:01 A. M., standard time.



**THE HARTFORD**

As respects each *covered automobile* described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

\*Not Available in California. \*P & B = Pleasure and Business; C = Commercial

**LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.**

**LOSS PAYEES - IDENTIFY BY UN**

The company listed below documents in its business records. At this time, the company does not know that these documents contain a complete and accurate copy of the public

A-3473-6 Printed in U. S. A.

HARTFORD000573

**Confidential - Subject to Protective Order**

HFBKPI AN015154

SA 3463

This endorsement forms a part of Policy No. **10 C A43342E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS**  
**AUTOMOBILE PHYSICAL DAMAGE INS**

**ENDORSEMENTS AND COVERAGE PARTS FORMING PART OF POLICY:**

A 3712-0  
A 3007-0

A 3013-0 ✓

A 3471-0 ✓

A 3011-1 ✓

AL 6-4

A 3351-0 ✓

A 3008-1 ✓

A 3009-1 ✓

A 2991-0 ✓

A 2993-0 ✓

A 1800 Single Limit End ✓

A 2036-3 ✓

A 2992-2 ✓

A 3353-0 ✓

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000574

HFBKPLAN015155

SA 3464

WILSON AND ALLEN INC  
500 PARK AVE  
N.Y. 10017

Agent C

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

 Semi-Annual  
 Quarterly  
 Monthly

25-0480

Sum for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, its of liability as are stated therein and subject to all the terms of the policy having reference thereto.

## SUMMARY OF ADVANCE PREMIUMS

COVERAGE PARTS	ADVANCE PREMIUM
Comprehensive General Liability Insurance	\$ 19,510.00
Comprehensive Automobile Liability Insurance	\$ 1671.00
Automobile Medical Payments Insurance	\$ 2,805.00
Uninsured Motorists Insurance	\$ 1113.00
Automobile Physical Damage Insurance	\$ 337.00
Premises Medical Payments Insurance	\$ 329.00
Contractual Liability Insurance	\$ 44.00
Personal Injury Liability Insurance	\$ 265.00
Garage Insurance	\$ 290.00
Employee Benefit Liability Insurance	\$ included
Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue: <b>SEE FORM AL 80 C</b>	\$ INCLUDED
	\$ INCLUDED
	\$ 105.00
	\$ 1,000.00
	\$ included
	\$

Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:  
**SEE FORM AL 80 C**

TOTAL  
ADVANCE  
PREMIUM  
\$ 21,220.00

If Policy Period more than one year: Gross Premium \$      Discount \$      Net Premium \$  
Premium is payable: On effective date of Policy \$      1st Anniversary \$      2nd Anniversary \$

4. Business of the named insured is → **EDUCATIONAL DEVELOPMENT**
5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

The company located these documents in its files. At this time, the company does not certify whether these documents constitute an acceptable and accurate copy of the policy.

**SPEC. ACCTS. INC. DEPT.**

Form AL-SI-8 CDR Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000575

HFBKPLAN015156

SA 3465

3000-30000

2. Policy Period		Producer's Name and Address	Agent Code
		<b>WILSON AND ALLEN INC</b>	
		<b>200 PARK AVE</b>	
		<b>NEW YORK N.Y. 10017</b>	
<b>25-0480 /</b>			

197

12:01 A. M., standard time at the address of the named insured as stated herein.

**Audit Period:** Annual, unless otherwise stated.

Semi-Annual  
Quarterly  
Monthly

sum for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, its of liability as are stated therein and subject to all the terms of the policy having reference thereto.

## **SUMMARY OF ADVANCE PREMIUMS**

COVERAGE PARTS	NOTIFY IN CLAIM DEPT.	ADVANCE PREMIUM
Comprehensive General Liability Insurance		\$ 17,510.00
Comprehensive Automobile Liability Insurance		\$ 26,744.00
Automobile Medical Payments Insurance		\$ 7671.00
Uninsured Motorists Insurance		\$ 2,805.00
Automobile Physical Damage Insurance		\$ 1443.00
Premises Medical Payments Insurance		\$ 537.00
Contractual Liability Insurance		\$ 329.00
Personal Injury Liability Insurance		\$ 44.00
Garage Insurance	NOTIFY SPEC. ACCTS. INS.	\$ 265.00
Employee Benefit Liability Insurance	NOTIFY SPEC. ACCTS. INS.	\$ 290.00
		\$ included
		\$ INCLUDED
		\$ INCLUDED
		\$ 105.00
		\$ 1,000.00
		\$ included
		\$

**Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:**  
**6-2000 FORM AL 80 C**

If Policy Period more than one year: Gross Premium \$  
Premium is payable on effective date of Policy

**Discount** **Net Price**

#### **Net Premiums:**

**2nd Anniversary \$**

4. Business of the names insured is \_\_\_\_\_

Discourse

**2nd Anniversary \$**

**4. Business of the names insured is-**

1st Anniversary

5. During the past 3 years no Insurer has cancelled insurance, issued to the same insured, similar to that afforded hereunder unless otherwise stated herein.

## **EDUCATIONAL DEVELOPMENT**

**Surety Underwriting Bureau Inc.** The company treated these documents as its  
SPEG. ~~and~~ <sup>as</sup> ~~not~~ <sup>not</sup> ~~constituting~~ <sup>constitutes</sup> ~~a~~ <sup>the</sup> ~~policy~~ <sup>policy</sup>. At this time, the company  
does not ~~possess~~ <sup>possess</sup> ~~these~~ <sup>these</sup> documents ~~constituting~~ <sup>constitutes</sup> ~~a~~ <sup>the</sup> ~~policy~~ <sup>policy</sup>.  
A complete ~~copy~~ <sup>copy</sup> of the policy.

Form AL-51-2 GRS Printed in U.S.A.

HARTEORD000576

Confidential - Subject to Review

## **Order**

HFBKPLAN015157

SA 3466

Premium Installment



THE HARTFORD

10 C A43342E  
 This endorsement forms a part of Policy No. ....  
 Issued by THE HARTFORD INSURANCE GROUP company  
 designated therein, and takes effect as of the effective date of  
 said Policy unless another effective date is stated herein.

Named Insured and Address

Effective date ..... 12:01 A. M., standard time at the address of the  
 named insured as stated herein.

## ORIGINAL

21,220.00

It is hereby understood and agreed that the Premium of \$ .....  
 BE PAYABLE IN (Insert "original" or "additional" or "return")  
 will (Insert "be payable in" or "reduce the") ELEVEN installments as outlined in "Schedule of Payments."

## SCHEDULE OF PAYMENTS

NO.	DUUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE LIABILITY EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE AUTO	AUTO PHYSICAL DAMAGE	TOTAL
1	1 1 75	1524.00	416.00		1940.00
2	2 1 75	1522.00	406.00		1928.00
3	3 1 75	1522.00	406.00		1928.00
4	4 1 75	1522.00	406.00		1928.00
5	5 1 75	1522.00	406.00		1928.00
6	6 1 75	1522.00	406.00		1928.00
7	7 1 75	1522.00	406.00		1928.00
8	8 1 75	1522.00	406.00		1928.00
9	9 1 75	1522.00	406.00		1928.00
10	10 1 75	1522.00	406.00		1928.00
11	11 1 75	1522.00	406.00		1928.00
12					
<b>TOTALS</b>		<b>16,744.00</b>	<b>4,476.00</b>		<b>21,220.00</b>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-57-D Printed in U. S. A.

CONFIDENTIAL

HARTFORD000577

Confidential - Subject to Protective Order

HFBKPLAN015158

SA 3467

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



- 1 Hartford Fire Insurance Company       6 New York Underwriters Insurance Company  
 2 Hartford Accident and Indemnity Company       7 Twin City Fire Insurance Company  
 3 Citizens Insurance Company of New Jersey

Named Insured and Address

This Endorsement forms a part of  Policy No.  \*Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

Producing Agent or Broker

DIST OF COLUMBIA

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 7.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glaes	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000578

HFBKPLAN015159

SA 3468

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey

4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

This Endorsement forms a part of  Policy No.  \*Bond No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

1 1 75

Effective date.....

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

Producing Agent or Broker

GA.

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 53.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000579

HFBKPLAN015160

SA 3469

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



- 1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey  
 4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

This Endorsement forms a part of  Policy No.  \*Bond No. 10 C A43342E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

## Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N J

1 1 75

Effective date.....

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued	Producing Agent or Broker
INDIANA	WILSON AND ALLEN INC 250480

The Insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	<b>Bodily Injury</b>	\$	5	<b>General Liability</b>	\$ 7.00
	<b>Medical Payments</b>	\$		<b>Workmen's Compensation</b>	\$
	<b>Property Damage</b>	\$		<b>Burglary</b>	\$
	<b>Comprehensive</b>	\$		<b>Glass</b>	\$
	<b>Collision</b>	\$		<b>Bond</b>	\$
	<b>Other (specify)</b>	\$		<b>Other (specify)</b>	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location	Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000580

HFBKPLAN015161

SA 3470

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey

4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

## Named Insured and Address

This Endorsement forms a part of  Policy No.  \*Bond No. ....  
 issued by THE HARTFORD INSURANCE GROUP company des-  
 ignated therein, and takes effect as of the effective date of said policy  
 unless another effective date is stated herein.

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of  
 the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

MAINE

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 164.00		General Liability	\$
5	Medical Payments	\$ 34.00		Workmen's Compensation	\$
5	Property Damage	\$ 104.00		Burglary	\$
5	Comprehensive	\$ 198.00		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify)	UM \$ 6.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location:

Countersigned by (Resident Agent)

Form G-1760-7 Printed In U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000581

HFBKPLAN015162

SA 3471

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Hartford Fire Insurance Company  
 Hartford Accident and Indemnity Company  
 Citizens Insurance Company of New Jersey

New York Underwriters Insurance Company  
 Twin City Fire Insurance Company

## Named Insured and Address

This Endorsement forms a part of  Policy No.  \*Bond No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP company designated herein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK N J**

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**MINNESOTA**

Producing Agent or Broker

**WILSON AND ALLEN INC 250480**

The Insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 47.00		General Liability	\$
	Medical Payments	\$		Workmen's Compensation	\$
5	Property Damage	\$ 33.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 9.00		Bond	\$
5	Other (specify) PIP UM	\$ 3.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000582

HFBKPLAN015163

SA 3472

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



- 1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey  
 4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of  Policy No.  \*Bond No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK N J

Effective date..... 1.1.75 Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NJ

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The Insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 1043.00	5	General Liability	\$ 7870.00
5	Medical Payments	\$ 248.00		Workmen's Compensation	\$
5	Property Damage	\$ 729.00		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$ 26.00		Bond	\$
5	Other (specify) UM PIP	\$ 12.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000583

HFBKPLAN015164

SA 3473

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey

4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

## Named Insured and Address

This Endorsement forms a part of  Policy No.  \*Bond No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK NJ

1 1 75

Effective date.....

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NEW MEXICO

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 4298.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

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The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000584

HFBKPLAN015165

SA 3474

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



- 1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey  
 4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

This Endorsement forms a part of  Policy No.  \*Bond No.  issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

## Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK N J

1 1 75

Effective date..... Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued	Producing Agent or Broker
OKLA	WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 2100.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location	Countersigned by (Resident Agent)

Form G-1760-7 Printed in U. S. A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000585

HFBKPLAN015166

SA 3475

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



[1] Hartford Fire Insurance Company  
 [2] Hartford Accident and Indemnity Company  
 [3] Citizens Insurance Company of New Jersey

[4] New York Underwriters Insurance Company  
 [5] Twin City Fire Insurance Company

This Endorsement forms a part of  Policy No.  \*Bond No. .... issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N J

1 1 75

Effective date.....

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

TEXAS

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	48.00
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1768-7 Printed in U. S. A. 6-'70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000586

HFBKPLAN015167

SA 3476

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



- 1 Hartford Fire Insurance Company  
 2 Hartford Accident and Indemnity Company  
 3 Citizens Insurance Company of New Jersey  
 4 New York Underwriters Insurance Company  
 5 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of  Policy No.  \*Bond No.  issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

10 C A43342E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK N.J.

Effective date..... 1 1 75

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

WISC

Producing Agent or Broker

WILSON AND ALLEN INC 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ 303.00		General Liability	\$
5	Medical Payments	\$ 55.00		Workmen's Compensation	\$
5	Property Damage	\$ 129.00		Burglary	\$
5	Comprehensive	\$ 73.00		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify) UM	\$ 9.00		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

Form G-1760-7 Printed in U.S.A. 6-70

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000587

HFBKPLAN015168

SA 3477

AUTOMOBILE

10 C A43342E

**PROTECTION AGAINST UNINSURED MOTORISTS INSURANCE  
(NEW JERSEY)**

This endorsement forms a part of the policy issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.

**SCHEDULE**

Designated Insured	Advance Premium	Limits of Liability
	Included	Bodily Injury Liability:      15 thousand dollars each person Property Damage Liability:    30 thousand dollars each accident Bodily Injury Liability:      5 thousand dollars each accident

**Description of Insured Highway Vehicles:**

An insured highway vehicle is any highway vehicle registered or principally garaged in New Jersey (1) which is designated by  below or (2) if no  is entered below, which is an owned automobile under Section I of the policy.

- A private passenger automobile owned by the named insured
- Owned by the named insured
- Designated in the declarations of the policy by the letters "UM" and any highway vehicle of the same type ownership of which is acquired during the policy period by the named insured as a replacement therefor
- Any mobile equipment owned by the named insured
- 

In consideration of the payment of premium and subject to all of the provisions of this endorsement and to the applicable provisions of the policy, the company agrees with the named insured as follows:

**I. UNINSURED MOTORISTS COVERAGE**

*(Damages for Bodily Injury and Property Damage Caused by Uninsured Highway Vehicles)*

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and as to the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury or property damage shall be conclusive, as between the insured and the company, of the issue of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

**Exclusions**

This insurance does not apply:

- (a) to bodily injury or property damage with respect to which the insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;
- (b) to bodily injury of an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) to property contained in or struck by a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, but this exclusion does not apply to property of the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (d) to an insured driver's right to collect benefits of any workers' compensation, disability benefits carrier or any person or organization qualifying as a self-insurer under any workers' compensation or disability benefit law or any similar law;
- (e) to the first \$100 of the amount of property damage to the property of each insured as the result of any one accident;
- (f) so as to insure directly or indirectly to the benefit of any insurer of property;
- (g) to property damage arising out of the ownership, maintenance or use of a hit-and-run vehicle.

**II. PERSONS INSURED**

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

**III. LIMITS OF LIABILITY**

Regardless of the number of insureds under this insurance, the company's liability is limited as follows:

- (a) The limit of bodily injury liability stated in the schedule as applicable to "each person" is the limit of the company's liability for all damages because of bodily injury sustained by one person as the result of any one accident, and, subject to the above provision respecting "each person", the limit of liability stated in the schedule as applicable to "each accident" is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident.
- (b) The limit of liability stated in the schedule as applicable to "each individual" is the total limit of the company's liability for all damages because of property damage to all property of one or more insureds as the result of any one accident.
- (c) Any amount payable under the terms of this insurance because of bodily injury or property damage sustained in an accident by a person who is an insured shall be reduced by
  - (1) all sums paid on account of such bodily injury or property damage by or on behalf of
    - (i) the owner or operator of the uninsured highway vehicle and
    - (ii) any other person or organization jointly or severally liable together with such owner or operator for such bodily injury or property damage,
  - including all sums paid under the bodily injury or property damage liability coverage of the policy, and
  - (2) the amount paid and the present value of all amounts payable on account of such bodily injury under any workers' compensation law, disability benefits law or any similar law.
- (d) Any payment made under this insurance to or for any insured shall be applied in reduction of the amount of damages which he may be entitled to recover from any person insured under the bodily injury or property damage liability coverage of the policy.
- (e) An insured or his spouse or any other person occupying the insured's vehicle which the insured is occupying at the time of the accident may be entitled to recover from the owner or operator of an uninsured highway vehicle which represents loss expense for medical services paid or payable under the medical payments or medical expense coverage of the policy or which represents loss paid or payable to the insured under any automobile physical damage insurance of the policy.

**IV. POLICY PERIOD; TERRITORY**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

**V. ADDITIONAL DEFINITIONS**

When used in reference to this insurance (including endorsements forming a part of the policy):

"bodily injury" means bodily injury, sickness or disease, including death, sustained by an insured under (a) or (b) of the Persons Insured provision; "designated insured" means an individual named in the schedule under Designated Insured and also includes his spouse, if a resident of the same household;

"highway vehicle" means a land motor vehicle or trailer other than

- (a) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads,
- (b) a vehicle operated on rails or crawler-tracks, or
- (c) a vehicle while located as a situs or premises;

"hit-and-run vehicle" means (i) a highway vehicle which causes an accident resulting in bodily injury to an insured arising out of physical contact of such vehicle with the insured or with a vehicle which the insured is occupying at the time of the accident, or (ii) a highway vehicle which without physical contact with the insured or with a vehicle which the insured is occupying at the time of the accident causes bodily injury to an insured arising out of an accident in New Jersey provided:

- (a) there cannot be ascertained the identity of either the operator or owner of such highway vehicle; and
- (b) the insured or someone on his behalf shall have reported the accident within 48 hours to a police, peace or judicial officer or to the Commissioner of Motor Vehicles, and shall have filed with the company within 30 days thereafter a statement under oath that the insured or his legal representative has a cause or causes of action arising out of such accident for damages against a person or persons whose identity is unascertainable, including facts in support thereof, and
- (c) at the time of the accident the insured or his legal representative makes available for inspection the vehicle which the insured was occupying at the time of the accident; and
- (d) with respect to subdivision (B) the facts of such accident can be corroborated by competent evidence other than the testimony of any person having a claim under this or any other similar insurance as the result of such accident;

"insured highway vehicle" means a highway vehicle:

- (a) described in the schedule as an insured highway vehicle to which the bodily injury and property damage liability coverage of the policy applies;
- (b) while temporarily used as a substitute for an insured highway vehicle as described in subparagraph (a) above, when withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction;
- (c) a vehicle which has been loaned or by the owner or operator of the insured highway vehicle to another person for his use, but the term "insured highway vehicle" shall not include
  - (i) a vehicle while used as a public or livery conveyance, unless such use is for hire or reward, and
  - (ii) a vehicle while being used without the permission of the owner;

does not verify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

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HARTFORD000588

HFBKPLAN015169

SA 3478

(iii) under subparagraphs (b) and (c) above, a vehicle owned by the named insured, any designated insured or any resident of the same household as the named or designated insured; or  
 (iv) under subparagraph (b) and (c) above, a vehicle furnished for the regular use of the named insured or any resident of the same household;  
 "named insured" means the individual named in Item 1 of the declarations and also includes his spouse, if a resident of the same household;  
 "occupying" means in or upon or enroute to or alighting from;  
 "property damage" means injury to or destruction of (i) any insured highway vehicle owned by the named insured or his spouse, if a resident of the same household; (ii) any property owned, used or occupied by the Persons Insured provisions while contained in such insured highway vehicle and (iii) any property owned by an insured under (i) or (ii) of the Persons Insured provision while contained in any insured highway vehicle;  
 "state" includes the District of Columbia, a territory or possession of the United States, and a province of Canada;  
 "uninsured highway vehicle" means:  
 (a) a highway vehicle with respect to the ownership, maintenance or use of which there is, in at least the amounts specified by the financial responsibility law of the state in which the insured highway vehicle is principally garaged, no bodily injury and property damage liability bond or insurance policy applicable at the time of the accident with respect to any person or organization legally responsible for the use of such vehicle, or with respect to which there is a bodily injury and property damage liability bond or insurance policy applicable at the time of the accident but the coverage does not extend to the named insured or his spouse;  
 (b) a highway vehicle, but only with respect to bodily injury caused thereby;  
 (i) an insured highway vehicle;  
 (ii) a highway vehicle which is owned or operated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor carrier liability statute, or any state law;  
 (iii) a highway vehicle which is owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any of the foregoing.

#### **VI. ADDITIONAL CONDITIONS**

##### **A. Policy Provisions**

None of the Insuring Agreements, Exclusions, Conditions or other provisions of the policy shall apply to the insurance afforded by this endorsement except the Conditions "Notice" (or "Notice of Accident" or "Insured's Duties in Event of Occurrence, Claim or Suit"), "Change," "Assignment," "Cancellation" and "Declaration".

##### **B. Premium.**

If during the policy period the number of insured highway vehicles owned by the named insured or spouse or the number of dealer's license plates issued to the named insured changes, the named insured shall notify the company during the policy period of any change and the premium shall be adjusted in accordance with the markings in use by the company. If the excess premium thus computed exceeds the advance premium paid, the named insured shall pay excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

##### **C. Proof of Claim.**

As soon as practicable, the insured or other person making claim shall give to the company written proof of claim, under oath if required, including full particulars of the nature and extent of the injuries, treatment, and other details entering into the determination of the amount payable hereunder. The insured and every other person making claim hereunder shall submit to examinations under oath by any person named by the company and subscribe the same, as often as may reasonably be required. Proof of claim shall be made upon forms furnished by the company unless the company shall have failed to furnish such forms within 15 days after receiving notice of claim.

The injured person shall submit to physical examinations by physicians selected by the company when and as often as the company may reasonably require. He, or in the event of his incapacity, his legal representative, or in the event of his death his legal representatives or the person or persons entitled to sue therefor, shall upon each request from the company execute authorization to enable the company to obtain medical reports and copies of records.

The insured or other person making claim for damage to property shall file proof of loss with the company within sixty days after the occurrence of loss, unless such time is extended in writing by the company, in the form of a sworn statement setting forth the interest of the insured and of all others in the property affected, any encumbrances thereon, the actual cash value thereof at time of loss, the amount, place, time and cause of such loss, and the description and amounts of all other insurance covering such property. Upon the company's request, the insured shall exhibit the damaged property to the company.

##### **D. Assistance and Cooperation of the Insured.**

After notice of claim under this insurance, the company may require the insured to take such action as may be necessary or appropriate to preserve his right to recover damages from any person or organization alleged to be legally responsible for the bodily injury or property damage; and in any action against the company, the company may require the insured to join such person or organization as a party defendant.

##### **E. Notice of Legal Action.**

If, before the company makes payment of loss hereunder, the insured or his legal representative shall institute any legal action for bodily injury or property damage against any person or organization legally responsible for the use of a highway vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded immediately to the company by the insured or his legal representative.

##### **F. Other Insurance.**

With respect to bodily injury in an insured while occupying a highway vehicle not owned by the named insured, this insurance shall apply only as excess insurance over any other similar insurance available to such insured and applicable to such vehicle as primary insurance, and this insurance shall then apply only in the amount by which the limit of liability for this coverage exceeds the applicable limit of liability of such other insurance.

Except as provided in the foregoing paragraph, if the insured has other similar insurance available to him and applicable to the accident, the damages shall be deemed not to exceed the higher of the applicable limits of liability of this insurance and such other insurance, and the company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this insurance and such other insurance.

With respect to property damage, the named insured shall apply only as excess insurance over any other valid and collectible insurance of any kind applicable to such property damage, and this insurance shall apply only in the amount by which the limit of liability for this coverage exceeds the amount recoverable under such other insurance.

##### **G. Arbitration.**

If any person making claim hereunder and the company do not agree that such person is legally entitled to recover damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage to the insured, or do not agree as to the amount of payment which may be owing under this insurance, then, upon written demand of either the master or master's upon whom such person and the company do not agree shall be settled by arbitration, which shall be conducted in accordance with the rules of the American Arbitration Association unless other means of conducting the arbitration are agreed to between the insured and the company, and judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. Such person and the company each agree to consider itself bound and to be bound by any award made by the arbitrators pertaining to this insurance.

##### **H. Trust Agreement.**

In the event of payment to any person under this insurance:

- (a) the company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury or property damage because of which such payment is made;
- (b) such person shall hold in trust for the benefit of the company all rights of recovery which he shall have against such other person or organization because of the damages which are the subject of claim made under this insurance;
- (c) if such person dies, whatever is proper to secure the payment of such claim, the company shall be entitled to payment to its trustee and代理人;
- (d) if requested in writing by the company, such person shall take, through any representative designated by the company, such action as may be necessary or appropriate to collect such payment as damages from such other person or organization, such action to be taken in the name of such person; in the event of a recovery, the company shall be reimbursed out of such recovery for expenses, costs and attorneys' fees incurred by it in connection therewith;
- (e) such person shall execute and deliver to the company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the company established by this provision.

##### **I. Payment of Loss by the Company.**

Any amount due hereunder is payable:

- (a) to the named insured;
- (b) to the named insured as a minor to his parent or guardian, or
- (c) if the insured is deceased to his surviving spouse, otherwise
- (d) to a person authorized by law to receive such payment or to a person legally entitled to recover the damages which the payment represents; provided, the company may at its option pay any amount due hereunder in accordance with division (d) hereof.

##### **J. Action Against Company.**

No action shall lie against the company unless, as a condition precedent thereto, the insured or his legal representative has fully complied with all the terms of the policy applicable to this coverage.

##### **K. This endorsement replaces any other provisions of the policy, including any endorsement forming a part thereof, affording similar insurance with respect to any damages arising out of the ownership, maintenance or use of an uninsured vehicle or a hit-and-run vehicle.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



Form A-2993-D Printed in U.S.A. 11-72 (ISO-A914a)

*[Signature]*  
The company locator file contains business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000589**

**HFBKPLAN015170**

**SA 3479**

**AMENDMENT CASUALTY INSURANCE POLICY WISCONSIN**

When this policy is issued or delivered in the State of Wisconsin it is agreed that:

1. Paragraph (a) of the Condition entitled "Insured's Duties in the Event of Occurrence, Claim or Suit" is amended to read:

**Insured's Duties in the Event of Occurrence, Claim or Suit**

(a) In the event of an *occurrence*, written notice containing particulars sufficient to identify the *insured* and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the injured and of available witnesses, shall be given by or for the *insured* to the company or any of its authorized agents within 20 days following the date of the *occurrence*; provided, that failure to give such notice within the time specified shall not invalidate any claim made by the *insured* if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that such notice was given as soon as reasonably possible.

2. Paragraph (b) of the Automobile Physical Damage Insurance Condition entitled "Named Insured's Duties in Event of Loss" is amended to read:

(b) give notice thereof (i) to the company or any of its authorized agents within 20 days following the date the *loss* occurs, provided that failure to give such notice within the time specified shall not invalidate any claim made by the *named insured* if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that such notice was given as soon as reasonably possible, and also (ii) in the event of theft or larceny, promptly to the police;

3. The Condition entitled "Changes" is amended to read:

**Changes** The terms of this policy shall not be changed, except by endorsement issued to form a part of this policy, signed by an authorized representative of the Company.

Knowledge of an agent of the company at the time this policy is issued or an application made shall be knowledge of the company, and any fact which breaches a condition of the policy and is known to the agent when the policy is issued or the application made shall not void the policy or defeat a recovery thereon in the event of loss.

4. The following paragraph is added to the Condition entitled "Declarations":

No oral or written statement, representation or warranty made by the *insured* or in his behalf in the negotiation of this policy shall be deemed material or defeat or avoid the policy, unless such statement, representation or warranty was false and made with intent to deceive, or unless the matter misrepresented or made a warranty increased the risk or contributed to the loss. No breach of a warranty in this policy shall defeat or avoid this policy unless the breach of such warranty increased the risk at the time of the loss, or contributed to the loss, or existed at the time of the loss.

5. With respect only to such insurance as is afforded by the policy for *bodily injury* liability or *property damage* liability arising out of the ownership, maintenance or use of motor vehicles:

(a) The company shall not cancel nor refuse to renew this policy solely because of the age, residence, race, color, creed, national origin, ancestry or occupation of any person who is an *insured* under this policy.  
(b) If the *named insured* is an individual, the "Persons Insured" provision is amended to include as an *insured* any person using a motor vehicle owned by the *named insured* which is designed to transport or draw persons or property on the public highways with the permission of an adult member of the *named insured*'s household other than a chauffeur or domestic servant, and any other person or organization but only with respect to his or its liability because of acts or omissions of such an *insured*.

6. If an action for *bodily injury* or *property damage* is brought in Wisconsin, the Condition entitled "Action Against Company" is amended to read:

**Action Against Company** No action shall lie against the company unless, as a condition precedent thereto, there shall have been full compliance by the *insured* with all of the terms of this policy.

Any person or organization or the legal representative thereof who has secured a judgment against the *insured* shall be entitled to recover under this policy to the extent of the insurance afforded by this policy. Bankruptcy or insolvency of the *insured* or of the *insured*'s estate shall not relieve the company of any of its obligations hereunder.

7. The following Conditions are added:

**A. Cancellation by Company Limited**

After this policy has been in effect for sixty days or, if this policy is a renewal, effective immediately, the company shall not exercise its right to cancel the insurance unless the *named insured* fails to discharge when due any of his obligations in connection with the payment of premium for this policy or any installment thereof, whether payable directly to the company or its agent or indirectly under any premium finance plan or extension of credit.

This agreement shall apply to each successive policy period for which the company consents to renew or continue this policy but nothing herein shall obligate the company to renew or continue this policy beyond the expiration of any annual period commencing with its original effective date; provided that, if this policy is written without a fixed expiration date or for a policy period longer than one year, this policy may be terminated by the company effective on the expiration of any such annual period by mailing to the *insured* named in Item 1 of the declarations at the address shown in this policy, written notice of such termination not less than thirty days prior to the expiration of such annual period. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice by the company shall be equivalent to mailing.

Notwithstanding the failure of the company to comply with the foregoing provisions of this Condition, this policy shall terminate on the effective date of any other insurance policy issued as a replacement for any insurance afforded by this policy, with respect to any such insurance to which both such policies apply.

**B. Renewal**

If the company elects not to renew this policy, it shall mail to the *named insured* named in Item 1 of the declarations, at the address shown in this policy, written notice of such nonrenewal not less than thirty days prior to the expiration date provided that the *named insured* failure of the company to comply with the foregoing provisions of this paragraph, this policy shall terminate.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000590

HFBKPLAN015171

SA 3480

1. on such expiration date, if

- (a) the *named insured* has failed to discharge when due any of his obligations in connection with the payment of premium for this policy, or for the renewal thereof, or any installment of such premium, whether payable directly to the company or its agent or indirectly under any premium finance plan or extension of credit, or
- (b) the company has by any means manifested its willingness to renew to the *named insured* or his representative, or
- (c) the *named insured* has notified the company or its agent that he does not wish this policy to be renewed; or

2. on the effective date of any other insurance policy issued as a replacement for any insurance afforded by this policy, with respect to any such insurance to which both such policies apply.

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice by the company shall be equivalent to mailing.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.



A handwritten signature in black ink that reads "J. D. Schenck". Below the signature, the word "President" is written in a smaller, sans-serif font.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AI-6-4

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000591

HFBKPLAN015172

SA 3481

10 C A43342E  
 This endorsement forms a part of Policy No. \_\_\_\_\_  
 issued by THE HARTFORD INSURANCE GROUP company design-  
 nated therein, and takes effect as of the effective date of said policy  
 unless another effective date is stated herein.

## Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
 stated herein.

## EXTENSION TO FORM L 3037-1

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

## COMPREHENSIVE GENERAL LIABILITY INSURANCE

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1  
 "REAL PROPERTY LIABILITY FIRE:"

DESC OF PROPERTY	LIMIT OF LIAB	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK N Y	100,000 EA OCCURRENCE		INCLUDED
2. 300 WEST ADAMS ST CHICAGO ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA GA	100,000 EA OCCURRENCE		IN THE
4. POWER & LIGHT BLDG 14TH BALTIMORE SUITE 2606 KANSAS CITY MO	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD DALLAS TEXAS	100,000 EA OCCURRENCE		
6. 790 LUCERNE DRIVE SUNNYVALE CALIF	100,000 EA OCCURRENCE		RATE

of  
 add other loc

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



THE HARTFORD  
 INSURANCE GROUP  
 HARTFORD, CONNECTICUT

Form AL-8-6 C Printed in U.S.A. 10-76 NHCW

The company located these documents in its  
 business records. At this time, the company  
 certifies/declares that these documents constitute  
 a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
 Order

HARTFORD000592

HFBKPLAN015173

SA 3482

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
AUTOMOBILE PHYSICAL DAMAGE INSURANCE

NAMED INSURED ENDORSEMENT

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS

SOUTH CINCINNATI PARKING GARAGE

PHILMONT SCOUT RANCH

CIMARRON N M

PHILTOWER BUILDING TULSA OKLA

type: 07070

?

X

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-8-B B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000593

HFBKPLAN015174

SA 3483

10 C A43342E  
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

**INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

*ftd form*  
**IT IS AGREED THAT:**

- 1) THE DEFINITION OF "BODILY INJURY" IS AMENDED TO INCLUDE  
INJURY ARISING OUT OF THE RENDERING OF OR FAILURE TO  
RENDER PROFESSIONAL SERVICES BY ANY PHYSICIAN, DENTIST  
OR NURSE WHILE EMPLOYED BY THE NAMED INSURED TO PROVIDE  
SUCH SERVICES.  
*(check proper excl.)*
- 2) EXCLUSION (H) DOES NOT APPLY TO INJURY TO THE EMOTIONS  
OR REPUTATION OF A PERSON ARISING OUT OF THE RENDERING  
OF SUCH SERVICES
- 3) LIMITS OF LIABILITY 500,000 COMBINED SINGLE LIMIT

*ingt. that  
excl. is  
deleted.*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company *does not certify that these documents constitute a complete and accurate copy of the policy.*

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

incl: APD; CGL; GKLL

NOTICE OF OCCURRENCE

IT IS AGREED THAT NOTICE OF CLAIM OR SUIT  
TO THE INSURED, IS TO BE DEEMED EFFECTIVE  
ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR  
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS  
NORTH BRUNSWICK N.J.

g/p

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000595

Confidential - Subject to Protective Order

HFBKPLAN015176

SA 3485

10 C A43342E  
This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the named insured as  
stated herein.

**ELIMINATION OF EXCLUSION "C"**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**PERSONAL INJURY LIABILITY INSURANCE**

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS AGREED THAT EXCLUSION (C) OF THE PERSONAL INJURY LIABILITY COVERAGE PART IS DELETED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Countersigned by.....

Authorized Agent

Form AI-8-0 A Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000596

HFBKPLAN015177

SA 3486

10 C A43342E  
This endorsement forms a part of Policy No.....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

CAR POOLING

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS POLICY IS TO PROVIDE  
COVERAGE FOR ALL INDIVIDUALS PARTICIPATING IN CAR POOLING AT THE  
DIRECTION OF B.S.A. IT IS FURTHER UNDERSTOOD THAT SUCH COVERAGE IS  
TO BE EXCESS OVER ANY OTHER VALID AND COLLECTIBLE INSURANCE.

*Must meet minimum limits. Statutory of various states;*

*binding unless  
countersigned if  
needed - standard*

*OK*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
*business records. At this time, the company*  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000597

HFBKPLAN015178

SA 3487

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

THE POLICY IS EXTENDED TO COVER A CANOE TRAILER  
WHICH WILL BE USED TO CARRY CANOES IN THE EAST  
PRINCIPAL GARAGE LOCATION NEW YORK N. Y.

*O. J. St*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AI-8-0 II Printed In U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000598

HFBKPLAN015179

SA 3488

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS**

**AUTOMOBILE PHYSICAL DAMAGE INS**

THE NOTICE OF ACCIDENT CONDITION OF THE  
POLICY IS AMENDED TO READ:  
UPON THE HAPPENING OF AN ACCIDENT  
OCCURRENCE, OR PRESENTATION OF CLAIM  
WRITTEN NOTICE SHALL BE GIVEN BY OR  
ON BEHALF OF THE INSURED TO THE COMPANY  
OR ANY OF ITS AUTHORIZED AGENTS AS SOON  
AS PRACTICABLE AFTER IT IS KNOWN AT THE  
HEADQUARTERS OF THE BOY SCOUTS OF AMERICA.

*X*  
*get*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

*Countersigned by*  
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000599

HFBKPLAN015180

SA 3489

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS**

**AUTOMOBILE PHYSICAL DAMAGE INS**

IN CONSIDERATION OF THE PREMIUM CHARGED THE POLICY  
TERRITORY IS EXTENDED TO COVER MEXICO ON AN EXCESS  
AND DIFFERENCE AND CONDITIONS BASIS OVER ANY UNDERLYING  
INSURANCE OBTAINED BY THE INSURED.

*OK use old  
form > see G. Sullivan  
for works  
need disclosure  
works  
OK*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000600

HFBKPLAN015181

SA 3490

10 C A43342E  
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS.**

**AUTOMOBILE PHYSICAL DAMAGE INS.**

IT IS UNDERSTOOD AND AGREED THAT THE POLICY  
IS EXTENDED TO COVER EMPLOYEES OF THE INSURED  
AS ADDITIONAL INSUREDS WITH RESPECT TO VEHICLES  
HIRED IN THEIR OWN NAME FOR USE ON BOY SCOUTS OF  
AMERICA BUSINESS.

At direction of B.S.A.

*Meredith yes*  
*[Signature]*

*[Signature]*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000601

HFBKPLAN015182

SA 3491

10 C A43342E  
This endorsement forms a part of Policy No.....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INS

IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS  
EXTENDED TO COVER THE LIABILITY ASSUMED BY THE  
INSURED UNDER ANY HIRED AND/OR LEASED CAR AGREEMENTS  
IN CONJUNCTION WITH BUSINESS ON BEHALF OF THE BOY  
SCOUTS OF AMERICA.

*Not needed  
Contracted*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-B-0 B Printed in U. S. A. 10-66 NBCU

Countersigned by  
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000602

HFBKPLAN015183

SA 3492

## AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

Named Insured and Address

10 C A#3342Z

This endorsement forms a part of Policy No. **10 C A#3342Z**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

## COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

## SCHEDULE

<u>BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY.</u>	\$ 500,000 EACH OCCURRENCE	PERSON
	\$ 500,000 AGGREGATE	
		OCCURRENCE

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

## LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSURED UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD CONNECTICUT

Form AL-3-C Printed in U. S. A. 10-76 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000603

HFBKPLAN015184

SA 3493

/ ENDORSEMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
Issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (1) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
  - (II) TO THE SUM OF THE DAMAGE FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
  - (III) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (C) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, from a point shortly thereafter, no signature on the declaration page of said policy by a duly authorized agent of the company shall constitute valid counter-signature, provided these documents are filed in the company's business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



Countersigned by \_\_\_\_\_  
Authorized Agent \_\_\_\_\_

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000604

HFBKPLAN015185

SA 3494

AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

10 C A43342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date ..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:  
**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**CONTRACTUAL LIABILITY INSURANCE**

SCHEDULE

<b>BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY</b>	<b>\$ 500 ,000 EACH OCCURRENCE</b>
	<b>\$ 500 ,000 AGGREGATE</b>

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSUREDS UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE", THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of all documents.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000605

HFBKPLAN015186

SA 3495

## Protection Against UNINSURED MOTORIST'S INSURANCE—COVERAGE PART

COMPANY COPY



Und. Approved	Confidential Report	Und. Notes
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

issued by THE HARTFORD INSURANCE GROUP

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The Insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 18.00	\$10 ,000 each person \$20 ,000 each accident

Designated Insured:

## AS RESPECTS TO: WISCONSIN MAINE AND MINNESOTA

Description of *Insured Highway Vehicles*  
(Check appropriate box)

- Any automobile owned by the named insured
- Any private passenger automobile owned by the named insured
- Any highway vehicle to which are attached dealer's license plates issued to the named insured
- Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- Any mobile equipment owned or leased by and registered in the name of the named insured
- 

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +

I. COVERAGE U—UNINSURED MOTORISTS  
(Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

## Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) so as to insure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, it will be signed on the application page of said policy by a duly authorized agent of the company shall constitute valid countersignature of the company at that time, the company

does not certify that these documents constitute a complete and accurate copy of the policy.

UM-1

Form A-3009-0 CDR Printed in U. S. A. (ISO: UM)

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000606

HFBKPLAN015187

SA 3496

**Automobile Physical Damage  
Insurance (Fleet Automatic) Coverage Part**

Und. Approved  Quality Control	Confidential Report	Und. Notes:
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10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

COMPANY COPY

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

**SCHEDULE**

(a) The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges and, under each such coverage, applies only to such covered automobiles as are indicated, by entry herein, of one or more of the designating numerals for that purpose appearing in division (b) of this Item. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Coverages	★Covered Automobiles	Limit of Liability — each covered automobile		Advance Premiums
		Amount or "ACV" (Actual Cash Value)	Deductible	"S" entered below means: "As separately stated in the Schedule of Covered Automobiles made a part hereof".
O. Comprehensive	CA- CA-	ACV	\$	\$ 290.00
P. Collision	CA- CA-	\$	\$	\$
Q. Fire, Lightning or Transportation	CA- CA-	\$	\$	\$
R. Theft	CA- CA-	\$	\$	\$
S. Windstorm, Hail, Earthquake or Explosion	CA- CA-	\$	\$	\$
T. Combined Additional	CA- CA-	\$	\$	\$
V. Towing (Not available in California)	CA- CA-	\$25 for each disablement	\$	\$

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +  
Form Numbers of Endorsements forming part of this Coverage Part at issue:**Maximum Limit of Liability****Advance Premium for Endorsements**

\$

\$.....Any one covered automobile

\$.....All covered automobiles at any one location

\$.....All covered automobiles

**TOTAL ADVANCE PREMIUMS.**

\$ 290.00

Records to be submitted ("M" = monthly; "Q" = quarterly; "S" = semi-annually):.....

- (b) Explanation of above entries designating the covered automobiles to which this insurance applies, under each Coverage afforded:  
 ★ CA-1 = all covered automobiles  
 CA-2 = all registered covered automobiles  
 CA-3 = all covered automobiles of the private passenger type  
 CA-4 = all covered automobiles of the commercial type  
 CA-5 = the covered automobiles described in the Schedule of Covered Automobiles made a part hereof (including newly acquired vehicles, subject to the provisions of paragraph (b) of the "covered automobile" definition)  
 When also entered with CA-1, 2, 3 or 4:  
 6 = excluding vehicles leased to the named insured  
 7 = excluding under Collision Coverage, any vehicle not having an actual cash value of at least \$.....

**2. Schedule of Covered Automobiles as of effective date of this insurance**

(a) Description; (b) Facts Respecting Purchase; (c) Limit of Liability (if not stated in Item 1 above), Rates, Advance Premiums

AUTO No.	(a) Year Model Trade Name (Truck, Lead, Galleonage, Bus Seating)	Body Type - Capacity Serial No. (S), Motor No. (M)	Identification No. (I), No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Classifi- cation
1	<b>SEE SCHEDULE ATTACHED</b>					
2						

AUTO No.	(b) List Price	Actual Cost	Purchased Mo./Yr.—New (N), Used (U)	Rating Symbol	Any loss under Coverages other than Towing is payable as interest may appear to the named insured and the Loss Payee named below:						
1											
2											

AUTO No.	(c) Limit of Liability—each covered automobile described in (a) above and covered for: Coverages other than Collision Enter: Am. of "ACV"	Rates	Advance Premiums						
			Cov. O	Cov. P	Cov. Q	Cov. R	Cov. S	Cov. T	Cov. V
1	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$	\$

"ACV" means Actual Cash Value

Totals \$ \$ \$ \$ \$ \$ \$ \$

3. Except with respect to bailment lease, conditional sale, purchase agreement, mortgage or other encumbrance, the named insured is the sole owner of every covered automobile designated above as covered under this insurance, unless otherwise stated herein:

The conditions and provisions printed on pages PHF-2, PHF-3 and PHF-4 are hereby incorporated in this Coverage Part.  
This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that the foregoing pages take effect as of the effective date of the policy and, at issue of said policy, forming a part thereof, copy signature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of the coverage part of these documents.

\* P &amp; B = Pleasure and Business; C = Commercial

A-3011-1 CDR Printed in U.S.A. (ISO: CP-00-JS) Ed. 8-74

a complete and accurate copy of the policy.  
Counter-signed by \_\_\_\_\_

Authorized Agent

CONFIDENTIAL

HARTFORD000607

Confidential - Subject to Protective Order

HFBKPLAN015188

SA 3497

**GARAGE INSURANCE — COVERAGE PART**

**COMPANY COPY**

<u>Und. Approved</u>	<u>Confidential Report</u>	<u>Und. Notes:</u>
<u>Quality Control</u>		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP  
Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

*(For use only if this Coverage Part is effective after the effective date of the Policy)*

This Coverage Part is effective .....(at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## **SCHEDULE**

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

The terms of this policy having reference thereto.			
Coverages	Limits of Liability	Hazards	Advance Premium
<b>GARAGE LIABILITY</b>		<i>Garage operations including</i>	
<b>G. Bodily Injury Liability</b>	\$.....,000 each person	<i>Automobile Hazard 1</i>	\$
	\$.....,000 each occurrence	<i>Automobile Hazard 2</i>	\$
		<i>Escalators</i>	\$
<b>H. Property Damage Liability</b>	\$.....,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	<i>Garage operations including</i>	
		<i>Automobile Hazard 1</i>	\$
		<i>Automobile Hazard 2</i>	\$
		<i>Escalators</i>	\$
<b>EXPENSES FOR MEDICAL SERVICES</b>		<b>Premium Rate</b>	
<b>I. Automobile Medical Payments</b>	\$..... each person	<b>% of Coverage G Premium</b>	\$
<b>I. and J. Automobile and Premises Medical Payments</b>		<b>% of Coverage G Premium</b>	\$
<b>GARAGEKEEPERS' LEGAL LIABILITY</b>	<b>Limits of Liability — each location</b>	<b>Less Deductible</b>	
K-1. Fire and Explosion	As stated below		\$ 483.00
K-2. Theft of the Entire Automobile	As stated below		\$ INCL
K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism	As stated below	\$25 each loss caused by malicious mischief or vandalism	\$ 149.00
K-4. Collision or Upset	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$ 250 each loss caused by Collision or Upset	\$ 368.00
<b>Form Numbers of Endorsements forming part of this Coverage Part at issue:</b>		<b>Advance Prem. for Endorsements</b>	\$
		<b>TOTAL ADVANCE PREMIUMS</b>	\$ 1,000.00

The following are the addresses of all premises where the named insured conducts garage operations.

**The following are the addresses of all premises where the named insured conducts garage operations.**

Loca- tion No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY — Premium Basis		GARAGE LIABILITY — Rates		GARAGEKEEPERS' LEGAL LIABILITY	
		(1) (2) (3): Remuneration		(1) (2) (3): Per \$100 Remuneration		Limit of Liability	Maximum No. of Customers' Automobiles Stored
		(4): Total Number	(5): Total Number	(4): Per Automobile	(5): Per Escalator		
1	PHILTOWER BLDG TULSA OKLA	(1) Class A \$.....					
	Description of Escalator Location in Building	Code No.	(2) Class B \$.....				
			(3) Class C \$.....				
			(4) Furnished Automobiles.....				
			(5) Escalators.....				
2			(1) Class A \$.....				
	Description of Escalator Location in Building	Code No.	(2) Class B \$.....				
			(3) Class C \$.....				
			(4) Furnished Automobiles.....				
			(5) Escalators.....				

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

**Automobiles** owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

**This Coverage Part shall not be binding unless countersigned by a duly authorized agent certifying that said documents constitute effect as of the effective date of the policy and, at issue of said policy, forms a part thereof.**

Name: \_\_\_\_\_ Number of Such Automobiles: \_\_\_\_\_

**Number of Such Automobiles:**

Rev. A 2013-0 - GPM | 2013-0

GAP-1

HARTFORD000608

#### **REFERENCES**

CONFIDENTIAL

**SA 3498**



**Schedule of Automobiles and Covered Automobiles**

This Schedule forms a part of Policy No. 1 J A 43342E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1-1-75  
12:01 A.M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gageage Bus Seating Capacity	Identification No. (1) Serial No. (2) Master No. (3)	Purpose of Use	Purchased Mo./Yr. New-Used	Crash Coverage			Physical Damage Coverage			Automobile		
						BL Lab. Premium	PD Lab. Premium	New. Coll. Car. (Insert Applicable Symbols)	Adm. of ACV (Actual Cash Value)	Adm. or ACV (Actual Cash Value)	Declinable if any Other Coll. if any	Rate	Premiums (each car- ried auto- mobile)	Rate
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Adm. or ACV (Actual Cash Value)	Adm. or ACV (Actual Cash Value)	Declinable if any Other Coll. if any	Rate	Premium	
8.	73 DODGE P U #026BE3F103904			C		\$ 24.00	\$ 45.00		\$	\$	\$	\$	\$	
	MENDHAM N J	25		6		\$	\$		\$	\$	\$	\$	\$	
9.	68 CHEV P U #CS148T122234			C		\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$	
	MENDHAM N J	25		6		\$	\$		\$	\$	\$	\$	\$	
10.	68 CHEV P U #CS148T122265			C		\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$	
	MENDHAM N J	25		6		\$	\$		\$	\$	\$	\$	\$	
11.	72 CHEV P U #CCS142B139673			C		\$ 54.00	\$ 45.00		\$	\$	\$	\$	\$	
	MENDHAM N J	25		6		\$	\$		\$	\$	\$	\$	\$	
12.	64 CHEV STAKE TRK #40369T132515			C		\$ 71.00	\$ 59.00		\$	\$	\$	\$	\$	
	MENDHAM N J	25		8 CA		\$	\$		\$	\$	\$	\$	\$	
13.	68 FORD TRACTOR C187425					\$ 13.00	\$ 4.00		\$	\$	\$	\$	\$	
	NORTH BRUNSWICK N J	40		MOBILE EQUIPMENT		\$	\$		\$	\$	\$	\$	\$	
14.	72 FORD 1 1/2 T TRK #F50CEN63371			C		\$ 122.00	\$ 75.00		\$	\$	\$	\$	\$	
	NORTH BRUNSWICK N J	40		8CA		\$	\$		\$	\$	\$	\$	\$	

\*Not Available in California \*P & B = Pleasure and Business; C = Commercial

LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.

No. Name and Address of Loss Payee

CSL 9% (.91) INCL

A-371-6 Printed in U.S.A.

Schedule of Automobiles

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000610

HFBKPLAN015191

SA 3500

**Schedule of Automobiles and Covered Automobiles**

14 A433425

This Schedule forms a part of Policy No. 14 A433425 issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1-1-75  
12:01 A.M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year, Model Trade Name	Body Type, Total Sis. No. of Cyls., Truck, Land, Galleage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New or Used	Casualty Coverages			Physical Damage Coverages			Automobile Premium
						BL Lab. Premium	PD Lab. Premium	Non. Coll. Cov. (Except Applicable Symbols)	Am't. or "ACV" (Actual Cash Value)	Am't. or "ACV" (Actual Cash Value)	Dealership Rate	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Previous	Uninsured Motorist Premium	Coll. Cov. (Except Applicable Symbols)	Dealership Rate	Dealership Rate	Premiums (With covered automobile)	Trucking and Labor Cost
5.	72 INTL WAGONEER A838606490094			C		\$ 91.00	\$ 56.00		S	S	S	S
	NORTH BRUNSWICK N J	40		6		\$ 28.00	\$ 2.00		S	S	S	S
16.	68 FORD TR J #F35YEC58580			C		\$ 153.00	\$ 94.00		S	S	S	S
	NORTH BRUNSWICK N J	40		5CA		\$ 39.00	\$ 2.00		S	S	S	S
17.	74 CHEV CARRYALL #CCZ264F180084			P&B		\$ 82.00	\$ 52.00		S	S	S	S
	ARRINGTON MAINE	10		PPT		\$ 17.00	\$ 3.00		S	S	S	S
18.	74 CHEV CAREYALL #CCZ264F178865			P&B		\$ 82.00	\$ 52.00		S	S	S	S
	ORRINGTON MAINE	10		PPT		\$ 17.00	\$ 3.00		S	S	S	S
19.	72 CHEV CARRYALL #CCE262F175642			P&B		\$ 123.00	\$ 47.00		S	S	S	S
	BOULDER JUNCT WISC	09		PPT		\$ 19.00	\$ 3.00		S	S	S	S
20.	71 CHEV SUBURBAN #CE3614102709			P&B		\$ 123.00	\$ 47.00		S	S	S	S
	BOULDER JUNCH WISC	09		PPT		\$ 19.00	\$ 3.00		S	S	S	S
21.	73 INTL TRAVEALL #3HOHOCHB51426			C		\$ 57.00	\$ 35.00		S	S	S	S
	BOULDER JUNCH WISC	09		5CA		\$ 17.00	\$ 3.00		S	S	S	S
†Not Available in California *P & B = Pleasure and Business; C = Commercial						Total Loss Payee Identify by Unit or Entry No.	Total Loss Payee Identify by Unit or Entry No.	Total Loss Payee Identify by Unit or Entry No.				
No.	Name and Address of Loss Payee					\$ 711.00	\$ 383.00					
	CSL 9% (.91) INCL					\$ 156.00	\$ 19.00					
THE HARTFORD INSURANCE GROUP COMPANY Business Policies At This Time, The Company Does Not Carry Individual Lines Of Insurance. Consider A Complete And Accurate Copy Of The Policy												

A-3471-0 Printed in U.S.A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000611

HFBKPLAN015192

SA 3501

**Schedule of Automobiles and Covered Automobiles**

10 A43342E

This Schedule forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 1-1-75  
12:01 A. M., standard time.**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type No. of Cyls. Truck, Land, Carriage Bus Seating Capacity	Identification No. (I) Serial No. (S) Mater. No. (M)	Purpose of Use Purchased New/Used	Casualty Coverages		Physical Damage Coverages		Automobile Premium	
					PIP	BL Lab. Prem. PD Lab. Prem.	No. Col. Cov. (Insert Applicable Symbols)	Am. or "ACV" (Actual Cash Value)	Date of Initial Pay.	
	Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Col. Cov. (Insert Applicable Symbols)	Am. or "ACV" (Actual Cash Value)	Deductible Pay.	Rates
22.	71 FORD ECONOLINE E22GK50128	ELY MINNESOTA	07	C	\$ 47.00 \$ 9.00	\$ 33.00 \$	\$	\$	\$	\$
23.	72 CHEV CARRYALL CCE262F174138	ORRINGTON MAINE	10	P&B 5CA	\$	\$	\$	\$	\$	\$ 28.00
24.	72 CHEV CARRYALL CCE262F162143	ORRINGTON MAINE	10	P&B PPT	\$ 3700	\$ \$	0	\$	\$	\$ 28.00
25.	73 CHEV CARRYALL CCZ263F171514	ORRINGTON MAINE	10	P&B PPT	\$ 4000	\$ \$	0	\$	\$	\$ 52.00
26.	73 CHEV CARRYALL CCZ263F171671	ORRINGTON MAINE	10	P&B PPT	\$ 4000	\$ \$	0	\$	\$	\$ 52.00
27.	71 CHEV CARRYALL CS261F650350	ORRINGTON MAINE	10	P&B PPT	\$ 4252	\$ \$	0	\$	\$	\$ 38.00
28.	69 CHEV CARRYALL CE168F173539	BOULDER JUNCT WISC	09	P&B PPT	\$ 1275	\$ \$	0	\$	\$	\$ 19.00
Not Available in California *P & B = Pleasure and Business; C = Commercial <b>LOSS PAYEE - IDENTIFY BY UNIT OR ENTRY NO.</b>										
Loss Payee - Identify by Unit or Entry No. No. Name and Address of Loss Payee CSL 9% (.91) INCL										
Please do not copy this document. Instead, provide a complete and accurate copy of the policy.										

A-3471-0 Printed in U. S. A.

Schedule of Automobiles

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000612

HFBKPLAN015193

SA 3502

## Schedule of Automobiles and Motorized Automobiles

This Schedule forms a part of Policy No. **10 A43342E**, issued by THE HARTFORD INSURANCE GROUP, Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1175

12:01 A.M. standard time



**THE HARTFORD**

As respects each *covered automobile* described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

<sup>1</sup>Not Available in California. \*P & B = Pleasure and Burden; C = Commercial.

**LOSS BANES IDENTIFY BY UNIT OF ENTERPRISE**

**LOSS PAYEES - IDENTIFY BY UNIT**

A-3471-6 Printed in U. S. A.

HARTFORD000613

**Confidential - Subject to Protective Order**

HFBKPI AN015194

SA 3503

## REAL PROPERTY—LIABILITY—FIRE

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
 MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
 OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE**

It is agreed that the Property Damage Liability Coverage applies to *property damage* to structures or portions thereof rented to or occupied by the named insured and described in this endorsement, including fixtures permanently attached thereto, if such *property damage* arises out of fire, subject to the following additional provisions:

1. With respect to the insurance provided by this endorsement, all of the exclusions of the policy, other than the Nuclear Energy Liability Exclusion (Broad Form), are deleted and replaced by the following:  
 This insurance does not apply to liability assumed by the insured under any contract or agreement.
2. The limit of liability stated in this endorsement applies separately to the insurance under this endorsement and is in lieu of any other limit of liability stated in the policy.

Description of Property	Limit of Liability	Rate (per \$100 of Limit)	Premium
	\$	each occurrence	

SEE FORM AL 8 O C

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-3037-I Printed in U. S. A. 10-69 (NBCU: G 209)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000614

HFBKPLAN015195

SA 3504

**ADDITIONAL INSURED  
(Vendors - Broad Form)**

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
COMPLETED OPERATIONS AND PRODUCTS LIABILITY INSURANCE**

It is agreed that the "Persons Insured" provision is amended to include any person or organization (herein referred to as "Vendor") as an Insured but only with respect to the distribution or sale in the regular course of the Vendor's business of the Named Insured's products subject to the following additional provisions:

1. The insurance with respect to the Vendor does not apply to:
  - (a) any express warranty unauthorized by the Named Insured;
  - (b) bodily injury or property damage arising out of
    - (i) any physical or chemical change in the form of the product made intentionally by the Vendor,
    - (ii) repacking, unless unpacked solely for the purpose of inspection, demonstration, testing or the substitution of parts under instruction from the manufacturer and then repacked in the original container,
    - (iii) demonstration, installation, servicing or repair operations, except such operations performed at the Vendor's premises in connection with the sale of the product, or
    - (iv) products which after distribution or sale by the Named Insured have been labeled or relabeled or used as a container, part or ingredient or any other thing or substance by or for the Vendor.

2. The insurance does not apply to any person or organization, as insured, from whom the Named Insured has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

*J. J. Jinkins, Jr.  
Send copies  
of both to New*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

HARTFORD000615

HFBKPLAN015196

SA 3505

## ERRORS AND OMISSIONS INSURANCE -- EMPLOYEE BENEFIT PROGRAMS

10 C A43342E

Named Insured and Address

This endorsement forms a part of Policy No. ....  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....

Effective hour is the same as stated in the Declarations of the policy.

## SCHEDULE

Limits of Liability	Estimated Advance Premium
\$ 500,000 each claim	
\$ 500,000 aggregate	\$ INCLUDED IN COMPOSITE RATE

The company agrees with the Named Insured, in consideration of the payment of the premium and in reliance upon the statements in the declarations and in the schedule herein and subject to the limits of liability, exclusions, conditions and other terms of this endorsement:

## INSURING AGREEMENTS

I. COVERAGE. To pay on behalf of the Insured all sums which the Insured shall become legally obligated to pay on account of any claims made against the Insured and caused by any negligent act, error or omission of the Insured, or any other person for whose acts the Insured is legally liable in the administration of the Insured's Employee Benefit Programs as defined herein.

II. DEFENSE, SETTLEMENT, SUPPLEMENTARY PAYMENTS. As respects such insurance as is afforded by the terms of this endorsement, the company shall:

- (a) defend in his name and behalf any suit against the Insured alleging such negligent act, error or omission and seeking damages on account therof, even if such suit is groundless, false or fraudulent; but the company may make such investigation and negotiation and, with the written consent of the Insured, such settlement of any claim or suit as the company deems expedient;
- (b) pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of this endorsement, all premiums on appeal bonds required in any such defended suit, but without any obligation to apply for or furnish such bonds, all costs taxed against the Insured in any such suit, all expenses incurred by the company, all interest accruing after entry of judgment until the company has paid, tendered or deposited in court such part of such judgment as does not exceed the limit of the company's liability thereon;
- (c) reimburse the Insured for all reasonable expenses, other than loss of earnings, incurred at the company's request; and the amounts incurred under this insuring agreement, except settlements of claims and suits, are payable by the company in addition to the applicable limit of liability of this endorsement.

## III. DEFINITIONS.

- (a) "Insured" — The unqualified word "Insured", wherever used, includes not only the Named Insured, but also any partner, executive officer, director, stockholder or employee, provided such employee is authorized to act in the administration of the Insured's Employee Benefit Programs.
- (b) "Employee Benefit Programs" — The term "Employee Benefit Programs" shall mean Group Life Insurance, Group Accident or Health Insurance, Pension Plans, Employee Stock Subscription Plans, Workmen's Compensation, Unemployment Insurance, Social Security and Disability Benefits.
- (c) "Administration" — The unqualified word "Administration", wherever used, shall mean:
  - (1) giving counsel to employees with respect to Employee Benefit Programs;
  - (2) interpreting Employee Benefit Programs;
  - (3) handling of records in connection with Employee Benefit Programs;
  - (4) effecting enrollment of employees under Employee Benefit Programs;
 provided all such acts are authorized by the Named Insured.

IV. ENDORSEMENT PERIOD, TERRITORY. This endorsement applies only to claims under the local jurisdiction of a court of law within the United States of America, its territories or possessions or Canada, resulting from negligent acts, errors or omissions of the Insured, or any person acting on behalf of the Insured in the administration of Employee Benefit Programs provided such claim is brought against the Named Insured during the policy period and the Named Insured at the effective date of this endorsement had no knowledge of or could not have reasonably foreseen any circumstances which might result in a claim or suit.

## EXCLUSIONS

- This endorsement does not apply:
- (a) to any dishonest, fraudulent, criminal or malicious act, libel, slander, discrimination, or humiliation;
  - (b) to bodily injury to, or sickness, disease, or death, of any person, or to injury to or destruction of any tangible property, including the loss of use thereof;
  - (c) to any claim for failure of performance of contract by an insurer;
  - (d) to any claim based upon:
    - (1) failure of stock to perform as represented by an insured;
    - (2) advice given by an insured to an employee to participate or not to participate in stock subscription plans.

## CONDITIONS

1. Policy Conditions. All the Conditions of the policy which would apply to the bodily injury or property damage liability coverages thereof shall apply to the insurance under this endorsement except those respecting "Premium", "Definitions" and "Limits of Liability".

## 2. Limits of Liability

- (a) Subject to the provisions of the following paragraphs, the limit of liability stated in the schedule herein as applicable to "each claim" is the limit of the company's liability for all damages on account of each claim or suit covered hereunder; the limit of liability stated in the schedule herein as "aggregate", is, subject to the above provision respecting "each claim", the total limit of the company's liability hereunder for all damages.
- (b) \$1,000. shall be deducted from the total amount resulting from each claim and the company shall be liable only for the difference between such deductible amount and the amount of insurance otherwise applicable to each claim. Such deductible amount shall not apply to the coverage provided under Insuring Agreement II.
- (c) The terms of this endorsement and the policy, including those with respect to notice of claim or suit and the company's right to investigate, negotiate and settle any claim or suit, apply irrespective of the application of the deductible amount. If the company undertakes to negotiate or settle any claim or suit, the Insured agrees to join the company in such negotiation or settlement to the extent of the amount to be deducted as herein provided, or to reimburse the company for such deductible amount, if and when such claim is paid by the company.
- (d) The inclusion herein of more than one insured shall not operate to increase the limits of the company's liability.

3. Premium. The premium developed by this endorsement shall be determined in accordance with the following schedule of rates and is subject to adjustment at audit:

Estimated Number of Employees	Rate (Each Employee)	Estimated Premium
	First 5,000 INCLUDED IN COMPOSITE RATE	\$.....
	Next 5,000 RATE	\$.....
	Over 10,000	\$.....

Total \$.....

If the policy period of the policy to which this endorsement is attached is more than one year, upon termination of each annual period of the policy the Insured, on request, will furnish the company a statement of personnel changes during the policy period and the earned premium shall be computed in accordance with the above rates. If the earned premium thus computed exceeds the estimated advance premium paid, the Insured shall pay the excess to the company; if less, the company shall return to the Insured the unearned portion paid by such Insured.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature on this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



Form L-2853-1 Printed in U. S. A. 6-66

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000616

HFBKPLAN015197

SA 3506

## PERSONAL INJURY LIABILITY INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to personal injury arising out of an offense included within such of the following groups of offenses as are indicated by specific premium charge or charges.

Coverage	Limits of Liability		
PI—Personal Injury Liability	\$ 500,000 aggregate		
Inured's participation %			
Groups of Offenses	Advance Premium		
A. False Arrest, Detention or Imprisonment, or Malicious Prosecution	\$ INCL		
B. Libel, Slander, Defamation or Violation of Right of Privacy	\$ INCL		
C. Wrongful Entry or Eviction or Other Invasion of Right of Private Occupancy	\$ INCL		
Minimum Premium \$	Total Advance Premium		
Location and Description of Exposure	Premium Basis	Rates	Premium
ALL LOCATIONS OF THE INSURED (FILED WITH THE COMPANY)			INCL IN COMPOSITE RATE

Form Numbers of Endorsements forming part of this Coverage Part at issue:

## ELIMINATION OF EXCL "C" AL 8 O A

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$

1st Anniversary

2nd Anniversary \$

The conditions and provisions printed on page PI-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company. Any document or documents countersigned by a duly authorized agent of the company shall constitute valid countersignature of the company. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

HARTFORD000617

## LIQUOR LIABILITY INSURANCE

## COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Limits of Liability			Advance Premium
X — Liquor Liability	\$500 \$500	,000 each common cause 000 aggregate		\$ INCLUDED
Location of Insured Premises	Code No.	Premium Basis	Rate	Advance Premium
LIQUOR HOST LIABILITY  ALL LOCATIONS COVERED  BY POLICY		Receipts	Per \$100 of Receipts	INCLUDED IN COMPOSITE RATE
Class of Business →			TOTAL ADVANCE PREMIUM	\$
Form Numbers of Endorsements forming part of this Coverage Part at issue:				

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$

1st Anniversary \$

2nd Anniversary \$

## I. COVERAGE X — LIQUOR LIABILITY

The company will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of injury to which this insurance applies, sustained by any person if such liability is imposed upon the insured by reason of the selling, serving or giving of any alcoholic beverage at or from the insured premises, and the company shall have the right and duty to defend any suit against the insured seeking such damages, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

## Exclusions

This insurance does not apply:

- (a) to any obligation for which the insured or any carrier as his insurer may be held liable under any workmen's compensation, unemployment compensation or disability benefits law, or under any similar law;

- (b) to bodily injury to any employee of the insured arising out of and in the course of his employment by the insured or to any obligation of the insured to indemnify another because of damages arising out of such injury;
- (c) to injury arising out of any alcoholic beverage sold, served or given while any license therefor, required by law, is suspended or after such license expires, is cancelled or revoked;
- (d) to bodily injury or property damage arising out of the named insured's products or reliance upon a representation or warranty made at any time with respect thereto; but this exclusion does not apply to bodily injury or property damage for which the insured or his indemnitee may be held liable if such liability is imposed
- (1) by, or because of the violation of, any statute, ordinance or regulation pertaining to the sale, gift, distribution or use of any alcoholic beverage, or
- (2) by reason of the selling, serving or giving of any alcoholic beverage, to a minor or to a person under the influence of alcohol or which causes or contributes to the intoxication of any person.

The conditions and provisions printed on page LL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Authorized Agent

S.L.-3

Form L-3524-0 CDR Printed in U. S. A.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000618

HFBKPLAN015199

SA 3508

## CONTRACTUAL LIABILITY INSURANCE (BLANKET COVERAGE) — COVERAGE PART COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part furnishes a part of Policy No. **10 C A43342E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
YB — Contractual Bodily Injury Liability	\$ INCL	\$ SEE ,000 each occurrence SINGLE
ZB — Contractual Property Damage Liability	\$ INCL	\$ LIMITT ,000 each occurrence \$ ENDT ,000 aggregate

Designation of Contracts	Code No.	Premium Bases	Rates		Advance Premiums	
			B. I.	P. D.	B. I.	P. D.
THAT PART OF ALL WRITTEN CONTRACTS OTHER THAN AS DEFINED UNDER "INCIDENTAL CONTRACTS" IN THE POLICY DEFINITION IN WHICH THE NAMED INSURED ASSUMES THE LIABILITY OF OTHERS	CTS	(a) Cost (b) Sales	(a) Per \$100 of Cost (b) Per \$1,000 of Sales		INCLUDED IN THE COMPOSITE RATE	

Form Numbers of Endorsements forming part of this Coverage Part at issue:

SEE FORM AL 8 O C

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The following exclusions also apply:

Exclusion (p) — Products and Completed Operations     Exclusion (q) — x, c & u

I. COVERAGE YB—CONTRACTUAL BODILY INJURY LIABILITY

COVERAGE ZB—CONTRACTUAL PROPERTY DAMAGE LIABILITY

The company will pay on behalf of the insured all sums which the insured, by reason of contractual liability assumed by him under any written contract of the type designated in the schedule for this insurance, shall become legally obligated to pay as damages because of

Coverage YB. bodily injury or

Coverage ZB. property damage

to which this insurance applies, caused by an occurrence, and the company shall have the right and duty to defend any suit against the insured seeking damages on account of such bodily injury or property damage, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend

(1) any arbitration proceeding wherein the company is not entitled to exercise the insured's rights in the choice of arbitrators and in the conduct of such proceedings, or

(2) any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

Exclusions

This insurance does not apply:

(a) to liability assumed by the insured under any incidental contract;

(b) (1) if the insured is an architect, engineer or surveyor, to bodily injury or property damage arising out of professional services performed by such insured, including

(i) the preparation or approval of maps, drawings, opinions, reports, surveys, change orders, designs or specifications, and  
(ii) supervisory, inspection or engineering services;

(2) if the indemnitee of the insured is an architect, engineer or surveyor, to the liability of the indemnitee, his agents or employees, arising out of

The conditions and provisions printed on pages KB-2 and KB-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, who shall sign in ink and affix his signature to this page. This Coverage Part, when so signed, shall constitute valid counterparts to the original policy. The original policy, when countersigned, shall be deemed valid and binding. The Company

does not certify that these documents constitute a complete and accurate copy of the policy.

Authorized Agent

## COMPREHENSIVE GENERAL LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY

Und. Approved	idential Report	Und. Notes:
Quality Control		

10 C A43342E

This Coverage Part forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective .....(at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The Insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
A -- Bodily Injury Liability	\$ 15,912.00	\$ SEE .000 each occurrence SINGLE
B — Property Damage Liability	\$ 832.00	\$ LIMIT .000 aggregate \$ ENDT .000 each occurrence \$ ATT .000 aggregate

Rating Classifications Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.	Code No.	Premium Bases	Rates	Advance Premiums
			B. I. P. D.	B. I. P. D.
(a) Premises — Operations		(a) Area (b) Frontage (c) Remuneration (d) Receipts	(a) Per 100 Sq. Ft. of Area (b) Per Linear Foot (c) Per \$100 of Remuneration (d) Per \$100 of Receipts	
(b) Escalators		(e) Landings	(e) Per Landing	
(c) Independent Contractors		(f) Cost	(f) Per \$100 of Cost	
(d) Completed Operations		(g) Receipts	(g) Per \$1,000 of Receipts	
(e) Products		(h) Sales	(h) Per \$1,000 of Sales	
ALL PREMISES OPERATIONS OF THE INSURED INCLUDING PRODUCTS AND ALSO INCLUDING PERSONAL INJURY LIABILITY INSURANCE EXCLUSION C NOT APPLICABLE)	70050	1 PAYROLL	1) PER \$100 OF PAYROLL <i>use quote figure</i>	15,912.00 832.00

Form Numbers of Endorsements forming part of this Coverage Part at issue:

SEE FORM AT 8.0 B.

TOTAL ADVANCE PREMIUMS \$ 15,912.00 832.00

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ The company will forward these documents to its

The conditions and provisions printed on pages CGL-2 and CGI-3 of this form are hereby adopted as and constitute part of the company

This Coverage Part shall not be binding unless countersigned by a duly authorized agent and shall become effective as of the effective date of the policy and, at issue of said policy, form a part of, and constitute part of the declaratory page of, said policy by a duly authorized agent of the company shall constitute valid countersignature to this Coverage Part.

Countersigned by.....

Authorized Agent

CONFIDENTIAL

HARTFORD000620

Confidential - Subject to Protective Order

HFBKPLAN015201

SA 3510

10 C A43342E  
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS**

**AUTOMOBILE PHYSICAL DAMAGE INS**

ENDORSEMENTS AND COVERAGE PARTS FORMING PART OF POLICY:

A 3007-0

A 3013-0

A 3471-0

A 3011-1

AL 6-4

A 3351-0

A 3008-1

A 3009-1

A 2991-0

A 2993-0

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

I have carefully located these documents in the <sup>delivered to me</sup> business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000621

HFBKPLAN015202

SA 3511

10 C A43342E  
This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated herein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE, GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
LIQUOR LIABILITY INSURANCE ( HOST COVERAGE )

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS FORMING PART OF THE POLICY AT ISSUE:

CGL

L 3503-0

L 3523-0

L 3524-0

L 3525-0

L 2583-0

L 3037-1 AND EXTENSION AL 8 O C

L 3239-0

AL 8 O B NOTICE OF OCCURRENCE

AL 8 O B INTERESTS OF THE TPA, INCLUDED AS AN ADDITIONAL INSURED

AL 8 O B INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT

AL 8 O B VESSELS

AL 8 O C AMENDMENT LIMITS OF LIABILITY ( SINGLE LIMIT )

AS PER CONTRACTUAL LIAB COV PART

AL 8 O C AMENDMENT LIMITS OF LIABILITY ( SINGLE LIMIT )

AS PER PERSONAL INJURY LIAB COV PART

AL 8 O A ELIMINATIONS OF EXCLUSION C

AS PER DECLARATION PAGE AL 51-0

AL 8 O B NAMED INSURED ENDT

AL 8 O B ADDITIONAL INSURED

AL 57-0

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-O-C Printed in U. S. A. 10-66 NBCU

The company located these documents in its business records. At this time, the company does not certify that these documents contain a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000622

HFBKPLAN015203

SA 3512

2 15-75 REC  
WILSON AND ALLEN INC 250000

REVIEWED



THE HARTFORD

**Change, Elimination or Addition of Automobile  
Change of Coverage—Amendment of Declarations**

10-6 413342

This endorsement forms a part of Policy No. \_\_\_\_\_, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA

NORTH BRUNSWICK N.J.

10-22-75

Effective date.....

12:01 A. M., standard time at the address of the *named insured* as stated herein.

It is agreed that the policy is amended, with respect only to such of the following items as are indicated by :

**Item**

- 1. The *named insured's NAME* is amended to read \_\_\_\_\_
- 2. The *named insured's ADDRESS* is amended to read \_\_\_\_\_
- 3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the **SCHEDULE** of this endorsement.
- 4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- 5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

6. **Automobile(s) ADDED** —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 DODGE D/7 1M1855164505				MORRISTOWN N.J.	C	2ND TRUCK
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named Insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value	PREMIUMS			
★ Include	★ Date	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 2000,000 each person	\$ 32.00	\$ 2.00	
			Medical Payments	\$ 500,000 each occurrence	\$ 32.00	\$ 3.00	
			Property Damage Liability	\$ 500,000 each occurrence	\$ 4.00	\$ 1.00	
			Uninsured Motorists	\$ 10,000 each person	\$ 5.00	\$ 1.00	
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	\$ ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$
					\$	\$	\$

BE CAREFUL TO EXAMINE THIS SCHEDULE CAREFULLY IN ITS  
ENTIRETY. ADDITIONAL COVERAGE MAY BE PROVIDED IN THE POLICY.

Nothing herein contained shall be held to vary, waive, alter, or extend any liability except as specifically set forth in this schedule and the policy schedule than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

HARTFORD000623

11/19/ WILSON &amp; ALLEN, INC 25 90.

UNDERWRITING COPY SAID THE HARTFORD

Change, Elimination or Addition of Automobile  
Change of Coverage—Amendment of Declarations

Named Insured and Address

BOY SCOUTS OF AMERICA.

NORTH BRUNSWICK, NEW JERSEY.

This endorsement forms a part of Policy No. 10-C-A43342E, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Effective 9-27-75.

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following items as are indicated by :

## Item

- 1. The named insured's NAME is amended to read
- 2. The named insured's ADDRESS is amended to read
- 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallowage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallowage Bus Seating Capacity)	Identification No.
						1969 CHEV P/U CS139T830725.

 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallowage Bus Seating Capacity)	Identification No.	No. of Cyl. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)		ACV means Actual Cash Value		PREMIUMS			
* Include	* Delete	*Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500 ,000 each person \$ 500 ,000 each occurrence	\$ 54	\$	\$ 14
X			Medical Payments	\$ 5000 each person	\$ 17	\$	\$ 4
X			Property Damage Liability	\$ 500 ,000 each occurrence	\$ 45	\$	\$ 12
X			Uninsured Motorists	\$ 15 ,000 each person \$ 30 ,000 each accident	\$ 2	\$	\$ 1
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	\$ ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, requirements or declarations of the policy other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

PR .263

A-3489-0 Printed in U.S.A.

Countersigned by.....

HARTFORD000624

CONFIDENTIAL  
Confidential - Subject to Protective  
Order

HFBKPLAN015205

SA 3514

11-18-AVD. W. SON &amp; ALLEN, INC. #604805 AG COPY TO SAID

Change, Elimination or Addition of Automobile  
Change of Coverage—Amendment of Declarations

THE HARTFORD

## Named Insured and Address

BOY SCOUTS OF AMERICA.

NORTH BRUNSWICK, NJ.

This endorsement forms a part of Policy No. **10 C A43342 E**,  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Effective date **10-22-75**.

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following items as are indicated by :

## Item

- 1. The named insured's NAME is amended to read .....
- 2. The named insured's ADDRESS is amended to read .....
- 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

 6. Automobile(s) ADDED —

\*Purposes of Use (P = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
75 DODGE P/U D11BE55164505.	GVW3145			MENDHAM, NJ	C	034986
						1.40
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

T-25

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)		ACV means Actual Cash Value		PREMIUMS			
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
			Bodily Injury Liability	\$ 500 .000 each person \$ 500 .000 each occurrence	\$ 95	\$ 19	\$
			Medical Payments	\$ 5000 each person	\$ 26	\$ 5	\$
			Property Damage Liability	\$ 500 .000 each occurrence \$ 15 .000 each person	\$ 87	\$ 17	\$
			Uninsured Motorists	\$ 30 .000 each accident	\$ 2	\$	\$
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms and conditions of the original policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

CONFIDENTIAL

HARTFORD000625

Confidential - Subject to Protective  
Order

HFBKPLAN015206

SA 3515

EF 344.00 2/10/83  
WILSON & ALLEN INC. 25-0480



UNDERWRITING COPY SAID

THE HARTFORD

Named Insured and Address

SACRED HEART OF JESUS NATIONAL COUNCIL

WHITE PLAINS, N.Y.

This endorsement forms a part of Policy No. **10-C-6473925**  
Issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date **6/3/75** to **9/30/75** at 12:01 A.M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLE(S) DESCRIBED  
HEREIN, COMPREHENSIVE IS INSURED:**

#	EX	MAKE	MODEL	AMOUNT	P/R
18	74	CHEV	CARHALL	35.00	5.00
29	72	CHEV	CARHALL	22.00	5.00
24	72	CHEV	CARHALL	22.00	5.00
25	73	CHEV	CARHALL	36.00	7.00
26	73	CHEV	CARHALL	30.00	7.00
27	71	CHEV	CARHALL	27.00	7.00
					24.00

**P/R .249**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed In U.S.A. ISO:

CONFIDENTIAL

HARTFORD000626

Confidential - Subject to Protective Order

HFBKPLAN015207

SA 3516

A/P \$ .00

10/21/75 WILSON & ALLEN INC 250480

UNDERWRITING COPY

SAID

This endorsement forms a part of Policy No. **TO C A433428**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA  
NORTH BRUNSWICK, N.J.

Effective date **8/31/75 - 1/1/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE INS.**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON THE ATTACHED SCHEDULE ARE COVERED FOR COMPREHENSIVE ONLY FROM  
8/31/75 TO 1/1/76.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective Order

HARTFORD000627

HFBKPLAN015208

SA 3517

A/P 140..J

10/21/RH WILSON & ALLEN INC 250480

This endorsement forms a part of Policy No. **10 C AB3342E**, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**Named Insured and Address**

**BOY SCOUTS OF AMERICA  
NORTH BRUNSWICK, N.J.**

Effective date **6/1/75 TO 8/31/75**

12:01 A.M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON THE ATTACHED SCHEDULE ARE COVERED FOR LIABILITY ONLY.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U.S.A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**CONFIDENTIAL**

Confidential - Subject to Protective Order

**HARTFORD000628**

**HFBKPLAN015209**

**SA 3518**

10/21/RN WILSON & ALLEN INC 250480

R/P \$198.00

10 C A63342E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA  
NORTH BRUNSWICK N.J.

1/1/75

Effective date..... 12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES  
DESCRIBED BELOW, COMPREHENSIVE COVERAGE ARE DELETED :**

#		COMP
23	72 CHEV CARRYALL #CCE262F174130	28.00
24	72 CHEV CARRYALL #CCE262F162143	28.00
25	73 CHEV CARRYALL #CCZ263F171514	52.00
26	73 CHEV CARRYALL #CCZ263F171671	52.00
27	71 CHEV CARRYALL #CS261F650350	38.00
		\$198.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form AL-8-0 B Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

CONFIDENTIAL

Confidential - Subject to Protective  
Order

HARTFORD000629

HFBKPLAN015210

SA 3519

10/21/88 WILSON & ALLEN INC. 250400

## Schedule of Automobiles and Covered Automobiles

**10 C A63342E**  
This Schedule forms a part of Policy No. .... issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy; unless another effective date is stated herein.

**Effective date.....** 12:01 A. M., standard

6/1/75 TO 8/31/75



THE HARTFORD

**As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.**

~~Not Available in California~~ \*P & B = Pleasure and Business; C = Commercial

#### **LOSS PAYEES — IDENTIFIED BY UNIT OR ENTRY NO.**

**No. Name and Address of Lien Payer**

1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

10. The following table shows the number of hours worked by 1000 employees.

植物的细胞色素c与人的细胞色素c有差异，但差异程度较小。

For more information about the study, please contact Dr. Michael J. Hwang at (319) 356-4520 or via email at [mhwang@uiowa.edu](mailto:mhwang@uiowa.edu).

A-3471-2 Printed in U. S. A.

HARTFORD000630

**Confidential - Subject to Protective Order**

HFBKPI AN015211

SA 3520

Schedule of Automobiles and Covered Automobiles 10/21/88 WILSON & ALLEN INC 250480

18-6 AB33A2E

This Schedule forms a part of Policy No. **10 C M03342E**, issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**Effective date** 8/31/75-1/1/796  
12:01 A. M., standard time.



**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

\*Not Available in California. \*\*P & B = Pleasure and Business. C = Commercial

**LOSS PAYEES IDENTIFIED BY UNIT OR ENTRY NO.**

**No. | Name and Address of Loss Payee**

The company treated these documents in its business records. At this time, the company does not certify that these documents now constitute a complete and accurate copy of the policy.

P/R-337

A-3423-2 Printed in U.S.A.

HARTFORD000631

**Confidential - Subject to Protective Order**

HFBKPI AN015212

SA 3521